County Borough of Ipswich.

REPORT

of

THE MEDICAL OFFICER OF HEALTH

and

SCHOOL MEDICAL OFFICER

for the Year 1951.

REGINALD LEADER, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health,
School Medical Officer,
Port Medical Officer.

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Printed by the East Anglian Daily Times Co., Ltd., Ipswich.

County Borough of Ipswich.

Public Health Department,
Elm Street, Ipswich.

To the Mayor, Aldermen and Councillors of the County Borough of Ipswich.

Mr. Mayor, Ladies and Gentlemen,

I herewith present the Annual Report on the health of the County Borough for the year 1951.

The census records a population of 104,788 persons, an increase of 17,286 since the last census (1931), of which the natural increase is 10,081, while migrations into the town account for 7,205. During the last 150 years, therefore, there has been an increase of 93,511 persons in the population of the borough from the 11,277 people of the first census during Rear Admiral Lord Nelson's High Stewardship in 1801.

Half that of a century ago, the death-rate of 12.23 is higher than last year, about the same as that of 1911, but is still slightly lower than the figure for the rest of the country. The total number of deaths in the year was 1,272, an increase of 101 as compared with last year, 70% of these occurring in persons of 65 years and upwards.

The birth-rate of 17.13, approximately the same as last year, is still considerably above that of 15.5 for the rest of the country. For the first time this century the town's infant mortality rate of 29.74 is slightly greater than that for the rest of the country.

The tuberculin skin testing, commenced last September in the schools, is now carried out as a routine on new entrants at the time of their first school medical examination. By the end of the year 1,175 tests had been carried out and of the 139 children referred to the Chest Clinic for further examinations, 124 actually attended. This number represents the co-operation of 85% of parents concerned, and of the 11.8% of children who required further investigation, 18 showed abnormalities in the chest, and of these 4 were recorded as definite cases of primary tuberculosis. I think you will agree that this is work of the highest importance, and it is possible that the potentialities of the scheme for ascertaining new and previously unsuspected cases of tuberculosis have not yet been fully realised.

I commend to your notice the short account and the analysis of the visit of the Mass Radiography Unit to the town from July, 1950, to January of this year. During this period approximately a quarter of the population of the borough volunteered to be examined, and of these only 0.23% showed active lesions. I am personally indebted

to the Medical Director of the Unit, for by his help it has been possible at no expense to the Corporation, to make special arrangements to X-ray a considerable number of the authority's staff and most of the members of the Public Health Department.

The plantar wart survey described on page 146, carried out on over 4,000 school children merits your attention. Last autumn several cases attending the school clinics were noted, and it was thought that a hitherto unsuspected problem might be developing. The investigation did reveal an incidence of 2.1% among senior girls of this often painful condition. Special treatment sessions were, therefore, inaugurated in three of the authority's health centres. Appointments were made only after the written permission of the parents had been obtained and to spare the curriculum, full use was made of the school holidays. The whole of the survey and the treatments were carried out entirely by the Corporation's medical officers and staff, and it is hoped to continue this useful work in the school health service.

For some time it has been apparent that there is a relation between atmospheric pollution and the morbidity statistics of the lung diseases. New evidence is crystallizing of the existence of a carcinogen directly related to urbanisation, and it would appear that certainly in the county boroughs the mortality rates from lung cancer are closely related to the number of inhabited dwellings in the area. Careful and accurate records are essential and well worth the trouble and expense involved.

All sections of the department have worked well during the year, often handicapped by shortages of staff, but maintaining a high standard nevertheless. My sincere thanks are due to the Chairman, Vice-Chairman, and members of the Health and Public Health Committees for their kindness and support throughout the year.

I have the honour to be,

Your obedient Servant,

REGINALD A. LEADER,
Medical Officer of Health.

September, 1952.

ACKNOWLEDGMENTS.

The Medical Officer of Health wishes to place on record his appreciation of the co-operation of the following during the year, and his thanks for certain information supplied and included in this Annual Report:—

Town Clerk

Borough Treasurer

Borough Engineer and Surveyor

Chief Education Officer

Housing Manager

Organiser of Physical Training

Registrar-General

Superintendent Registrar

Honorary Secretary, Pupil Midwives Amenities Fund

Honorary Secretary, Voluntary Tuberculosis After-Care Committee

Chest Physician

Local Inspector of the National Society for the Prevention of Cruelty to Children

Messrs. W. J. & A. G. Glenn

Medical Director of the Mass Radiography Unit

Chief Constable

Head Teacher of Whitton Open Air School

Head Teacher of the California Special School

Honorary Secretary of the Ipswich Mental Welfare Association

School Meals Organiser

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SECTION A.

COUNTY BOROUGH OF IPSWICH.

Public Health Committee:

(Constitution at 31st December, 1951).

THE MAYOR (Alderman A. J. COLTHORPE).

Councillor Dr. P. WEINER *(Chairman)*

Alderman Mrs. M. WHITMORE *(Vice-Chairman)*
Alderman Miss M. JEFFERIES
Councillor P. E. BURROWS
Councillor R. R. FRANCIS
Councillor Mrs. C. GREEN
Councillor H. A. H. HAMMOND
Councillor Miss B. M. HOSSACK
Councillor Mrs. M. J. KEEBLE
Councillor R. J. LEWIS
Councillor C. R. NUGENT
Councillor G. W. PIPE
Councillor Mrs. D. E. ROPER
Councillor C. G. RUSHEN
Councillor C. G. WHEELER

Health (Welfare) Sub-Committee:

Alderman Mrs. M. WHITMORE *(Chairman)*

Councillor Dr. P. WEINER *(Vice-Chairman)*
Alderman Miss M. JEFFERIES
Councillor R. R. FRANCIS
Councillor Mrs. C. GREEN
Councillor Miss B. M. HOSSACK
Councillor Mrs. M. J. KEEBLE
Councillor G. W. PIPE
Councillor C. G. WHEELER

Co-opted members:—
Dr. R. O. EADES
Dr. D. W. FRYER
Mr. A. R. SAWARD

Public Health Officers of the Authority.

For the Year 1951.

MEDICAL STAFF (Whole Time).

Medical Officer of Health, and School Medical Officer.
R. A. LEADER, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health, and School Medical Officer.
C. H. SHAW, M.D., D.P.H., D.P.A.

Assistant Medical Officers of Health and Assistant School Medical Officers:

Senior.
D. E. P. JOLLY, M.B., B.S., M.M.S.A., D.P.H.

Assistants.
G. M. G. SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.
E. H. ANNELS, M.B., B.Ch., D.P.H.
G. R. HOLTBY, M.B., B.S., D.P.H. Appointed 1.6.51

PUBLIC HEALTH OFFICERS OF THE AUTHORITY—continued.

DENTAL SURGEONS.

Education and Public Health.

Senior Dental Surgeon.
R. CUTHILL, L.D.S. Resigned 31.8.51

Assistant Dental Surgeons.
KATHERINE L. HARRIES, L.D.S., R.F.P.S.
J. R. TOLLER, L.D.S. M.S.D.

OTHER OFFICERS (Whole Time).

Chief Sanitary Inspector.
H. L. BATY, 1, 2.

District Sanitary Inspectors.

G. ELLISON, 1, 2.
Retired 13.9.51.
H. T. PIZZEY, 1, 2.
L. J. MASSAM, 1, 2.
G. W. BAKER, 1, 2.
H. P. SIMCO, 1, 2.
D. NEWSON, 1.
J. W. FINCH, 1, 2.
F. H. FARROW, 1, 2.
Resigned 9.12.51.

Supervisor of Rodent Operators.
W. S. TOWNES. Resigned 31.3.51.
A. McINTYRE. Appointed 7.5.51.

Superintendent Health Visitor.
Miss E. L. MARTIN, 3, 4, 5.

Health Visitors.

Miss F. M. CROSS, 3, 4, 5.
Retired 6.5.51.
,, M. E. WALLER, 3, 4, 5.
,, S. S. DEMPSIE, 3, 4, 5.
Resigned 15.12.51.
,, E. WIGLESWORTH, 3, 4, 5.
,, P. W. BLANCH, 3, 4, 5.
Resigned 22.6.51
,, F. OWEN, 3, 4, 5
Miss M. OWEN, 3, 4, 5.
Appointed 1.4.51.
,, M. E. WYARTT, 3, 5.
,, M. E. HEWITT, 3, 4, 5.
Resigned 30.4.51
,, A. TAYLOR, 3, 4, 5.
,, E. M. LAWRY, 3, 5.
Mrs. I. M. MARTIN, 3, 4, 5

Supervisor of Midwives.
Miss M. D. DOWN. 3, 4, 7.

Municipal Midwives.

Miss H. M. MAUN, 3, 4.
,, H. M. MOORE, 4
,, F. R. PANNIFER, 3, 4.
,, F. M. FROST, 3, 4.
,, F. A. M. TAYLOR, 3, 4.
,, R. MAXWELL, 3, 4.
,, A. LEWIS, 3, 4.
,, K. R. FELTON, 3, 4.
Resigned 17.11.51.
Miss G. J. RAWLINS, 3, 4
,, R. LARTER, 3, 4.
,, D. B. BOXER, 3, 4
,, P. M. GIRLING, 3, 4
,, B. A. H. GOODEY, 3, 4.
,, I. J. THLLOTT, 3, 4.
Appointed 12.2.51.
,, B. M. TRIGG, 3, 4.
Appointed 17.12.51.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY—continued.

Orthoptist:
Vacant.

Speech Therapist:
Miss J. LILLYWHITE. Resigned 22.5.51.
Miss E. M. PARHAM. Appointed 3.9.51.

Home Nursing Service:
Superintendent: Mrs. M. L. NEAL, (3) and staff equivalent to 16 whole-time.

Ambulance Service:
Ambulance Officer: J. BEDFORD. Resigned 11.3.51.
R. G. JONES. Appointed 18.6.51.
And staff of 16.

Domestic Help Service:
Organiser: Mrs. D. JONES, and staff equivalent to 20 whole-time.

Mental Health Services:
Mental Health Services Officer: Miss V. M. BURDETT.

Duly Authorised Officer: H. G. ORME, D.P.A., and 3 part time Duly Authorised Officers.

Matron, Montrose Day Nursery:
Mrs. K. M. SMYTHE, 3.

Home Sister, Nurses Home:
Miss C. E. CURRAN, 3, 4.

Chief Clerk:
H. M. COLES.

First Administrative Assistant: A. TRENHOLM.

Second Administrative Assistant: H. STEPHENSON.

Sectional Senior Clerks: B. H. GREENE, Miss P. A. M. HAMMOND, I. HUTCHINSON, Mrs. L. E. LEWIS, Miss G. N. PARKER and S. M. WARDLAW.

Nineteen whole-time, 1 part-time General Division Clerical Staff and 3 part-time Clinic Clerks.

1.—Sanitary Inspectors Certificate
2.—Meat Inspectors Certificate.
3.—State Registered Nurse.
4.—State Certified Midwife
5.—Health Visitors Certificate R.S.
6.—State Registered Fever Nurse.
7.—Midwives Teachers Certificate

VITAL STATISTICS FOR THE YEAR 1951.

Area of the County Borough (including the fresh water river)	8,692 acres
Rateable value as at the 31st March, 1951 ...	£705,977
Last ascertained product of 1d. rate (financial year 1950/51)	£2,846
No. of hereditaments described in the rate book as "inhabitable dwellings" as at the 31st March, 1951	31,004
Estimated Civilian Population (R.G.'s Estimate Mid Year 1951)	104,000

		Total.	M.	F.	
Live Births	Legitimate	1,694	872	822	Birth Rate per 1,000 of the estimated civilian population 17.13
,, ,,	Illegitimate	88	38	50	
Total	...	1,782	910	872	
Stillbirths	Legitimate	34	18	16	Rate per 1,000 total (live and still) births, 19.80
,,	Illegitimate	2	2	-	
Total	...	36	20	16	
Deaths (Civilians)	...	1,272	646	626	Death-rate per 1,000 of the estimated civilian population 12.23.

Deaths from puerperal causes:—

	Deaths.	Rate per 1,000 total (live and still) births
Puerperal Sepsis ...	—	—
Other Maternal causes	—	—
Total ...	—	—

Death-rate of Infants under one year of age:—

All Infants per 1,000 live births	29.74
Legitimate Infants per 1,000 legitimate live births ...	28.9
Illegitimate Infants per 1,000 illegitimate live births	45.4

		Males.	Females.	Total.
Deaths from	Cancer (all ages)	109	114	223
,,	Measles (all ages) ...	—	—	—
,,	Whooping Cough (all ages)	—	—	—
,,	Diarrhoea (under 2 years of age)	5	2	7
,,	Diphtheria (all ages) ...	—	—	—

POPULATION.

I append Tables giving the Census populations and the Registrar-General's estimates for recent years.

CENSUS POPULATIONS.

Year.	Census Populations.			Population Increases.					Females per 1,000 Males
	Males.	Females.	Persons.	Total Increases.	Per cent. Proportions	Natural Increases	Migrations. Inward	Migrations. Outward.	
1801	4,984	6,293	11,277	—	—	—	—	—	1,262
1811	6,064	7,606	13,670	2,393	21.2	—	—	—	1,254
1821	7,831	9,355	17,186	3,516	25.6	—	—	—	1,194
1831	9,169	11,032	20,201	3,015	17.5	—	—	—	1,203
1841	11,894	13,490	25,384	5,185	25.6	—	—	—	1,134
1851	15,474	17,440	32,914	7,530	29.6	2,822	4,708	—	1,127
1861	17,667	20,283	37,950	5,036	15.3	4,075	961	—	1,148
1871	20,047	22,900	42,947	4,997	13.1	4,373	624	—	1,143
1881	23,608	26,712	50,320	7,373	17.1	5,290	2,083	—	1,131
1891	26,658	30,712	57,360	7,040	13.9	7,033	7	—	1,151
1901	31,181	35,449	66,630	9,270	16.1	6,610	2,660	—	1,136
1911	34,980	38,952	73,932	7,302	10.9	8,232	—	930	1,113
1921	37,359	42,012	79,371	5,439	7.4	5,979	—	540	1,124
1931	41,317	46,252	87,569	8,198	10.3	5,616	2,582	—	1,119
1951	49,962	54,826	104,788	17,286	16.5	10,081	7,205	—	1,097

REGISTRAR-GENERAL'S ESTIMATES.

(At the 30th June, of each year).

Year.	Persons.	Year.	Persons	Year	Persons
1931	87,770	1938	95,070	1945	88,920*
1932	88,700	1939	96,500	1946	97,010*
1933	89,070	1940	91,230*	1947	100,460*
1934	90,157	1941	84,950*	1948	102,100
1935	91,400	1942	85,210*	1949	103,800
1936	92,470	1943	86,290*	1950	104,140
1937	93,870	1944	87,290*	1951	104,000

* Civilians only.

MARRIAGES.

The number of marriages registered in Ipswich in 1951 was 844.

The following is a Table showing the number of marriages and the marriage rate since 1841:—

Periods	No. of Marriages	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	2,815	19.43	16.1
1851—1860	3,302	18.70	16 9
1861—1870	3,550	17.64	16.6
1871—1880	4,143	17.77	16 2
1881—1890	4,152	15.37	14 9
1891—1900	4,777	15.43	15 6
1901—1910	5,209	14.86	15 5
1911—1920	6,819	17.83	16.6
1921—1930	6,740	16.20	15.5
1931—1940	8,396	18.49	17.7
1941—1950	8,994	18.94	17.1
1841—1845	1,239	18.29	15.7
1846—1850	1,576	20.42	16.5
1851—1855	1,689	19.84	17.1
1856—1860	1,613	17.65	16 7
1861—1865	1,790	18.35	16 8
1866—1870	1,760	16.96	16.4
1871—1875	2,072	18.56	17 1
1876—1880	2,071	17.04	15 3
1881—1885	2,170	16.59	15.2
1886—1890	1,982	14 22	14 7
1891—1895	2,326	15.60	15.1
1896—1900	2,451	15.28	16.1
1901—1905	2,560	14.99	15 6
1906—1910	2,649	14.73	15 3
1911—1915	3,201	16.94	16 4
1916—1920	3,618	18.70	16.8
1921—1925	3,316	16.34	15.7
1926—1930	3,424	16.06	15 4
1931—1935	3,650	16.32	16 2
1936—1940	4,746	20.65	19 2
1941—1945	4,241	19.14	16 7
1946—1950	4,753	18.74	17 6
*1946	922	19.00	17 9
*1947	1,017	20.24	18.6
1948	967	18.94	18.2
1949	905	17.44	17 0
1950	942	18,09	16 3
1951	844	16.23	16 4

* Based on Civilian populations

The highest marriage-rate recorded in Ipswich was 25.75 in 1940 (based on civilian population only), and the lowest, 13.0 in 1887.

BIRTHS.

1,782 births were registered in Ipswich in 1951 as compared with 1,861 in the previous year.

The births and birth-rates are set forth in the following Table:—

Periods.	Number.			Rates per 1,000 population.	
	Males.	Females.	Persons.	Ipswich.	England and Wales.
1841—1850	4,783	4,608	9,391	32.4	32.6
1851—1860	6,088	5,837	11,925	33.7	34 1
1861—1870	6,805	6,488	13,293	33.0	35.2
1871—1880	8,005	7,606	15,611	33.4	35.4
1881—1890	8,619	8,485	17,104	31.6	32.4
1891—1900	9,058	8,729	17,787	28.7	29.9
1901—1910	9,586	9,212	18,798	26.8	27.2
1911—1920	8,436	8,102	16,538	21.6	21.8
1921—1930	7,602	7,396	14,998	18.0	18.3
1931—1940	6,961	6,704	13,665	14.9	14.9
1941—1950	9,391	8,480	17,871	18.9	16.9
1841—1845	2,036	2,056	4,092	30.2	32.3
1846—1850	2,747	2,552	5,299	34.3	32.8
1851—1855	2,914	2,864	5,778	33.9	33.9
1856—1860	3,174	2,973	6,147	33.6	34.4
1861—1865	3,308	3,144	6,452	33.0	35.1
1866—1870	3,497	3,344	6,841	32.9	35.3
1871—1875	3,820	3,646	7,466	33.4	35.5
1876—1880	4,185	3,960	8,145	33.5	35.3
1881—1885	4,258	4,230	8,488	32.4	33.5
1886—1890	4,361	4,255	8,616	30.9	31.4
1891—1895	4,444	4,339	8,783	29.4	30.5
1896—1900	4,614	4,390	9,004	28.0	29.3
1901—1905	4,899	4,719	9,618	28.1	28.2
1906—1910	4,687	4,493	9,180	25.5	26.3
1911—1915	4,481	4,271	8,752	23.1	23.6
1916—1920	3,955	3,831	7,786	20.1	20 1
1921—1925	3,829	3,883	7,712	19.0	19.9
1926—1930	3,773	3,513	7,286	17.1	16.7
1931—1935	3,395	3,310	6,705	14.9	15.0
1936—1940	3,566	3,394	6,960	14.8	14 8
1941—1945	4,089	3,617	7,706	17.8	15.9
1946—1950	5,302	4,863	10,165	20.0	18.0
*1946	1,107	1,138	2,245	23.1	19.1
*1947	1,276	1,005	2,281	22.7	20.5
1948	969	877	1,846	18.0	17.9
1949	999	933	1,932	18.7	16.7
1950	951	910	1,861	17.9	15.8
1951	910	872	1,782	17.1	15.5

*Based on Civilian Population.

ANNUAL NUMBER OF BIRTHS BY SEX AND LEGITIMACY.

The local experience since 1921 is shown thus:—

Year.	Legitimate.			Illegitimate.			All Births.			Males per 1,000 Females.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1 724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	754	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018
1927	689	665	1,354	40	22	62	729	687	1,416	1,061
1928	736	625	1,361	32	31	63	768	656	1,424	1,170
1929	694	678	1,372	31	35	66	725	713	1,438	1,017
1930	742	669	1,411	32	25	57	774	694	1,468	1,115
1921-1930	7,263	7,077	14,340	339	319	658	7,602	7,396	14,998	1,028
1931	668	635	1,303	34	34	68	702	669	1,371	1,049
1932	641	656	1,297	30	36	66	671	692	1,363	969
1933	625	581	1,206	35	33	68	660	614	1,274	1,075
1934	632	599	1,231	25	35	60	657	634	1,291	1,036
1935	672	664	1,336	33	37	70	705	701	1,406	1,005
1936	677	645	1,322	24	32	56	701	677	1,378	1,035
1937	696	626	1,322	40	31	71	736	657	1,393	1,120
1938	728	672	1,400	24	35	59	752	707	1,459	1,064
1939	666	669	1,335	39	35	74	705	704	1,409	1,001
1940	637	607	1,244	35	42	77	672	649	1,321	1,035
1931-1940	6,642	6,354	12,996	319	350	669	6,961	6,704	13,665	1,038
1941	624	586	1,210	40	39	79	664	625	1,289	1,062
1942	693	638	1,331	52	54	106	745	692	1,437	1,076
1943	715	610	1,325	52	43	95	767	653	1,420	1,174
1944	832	753	1,585	100	89	189	932	842	1,774	1,107
1945	847	688	1,535	134	117	251	981	805	1,786	1,218
1946	1,024	1,017	2,041	83	121	204	1107	1,138	2,245	972
1947	1,205	941	2,146	71	64	135	1276	1,005	2,281	1,269
1948	904	817	1,721	65	60	125	969	877	1,846	1,105
1949	947	887	1,834	52	46	98	999	933	1,932	1,070
1950	911	853	1,764	40	57	97	951	910	1,861	1,045
1941-1950	8,702	7,790	16,492	689	690	1379	9391	8,480	17,871	1,107
1951	892	822	1,694	38	50	88	910	872	1,782	958

DEATHS.

DEATHS AT THE VARIOUS AGE GROUPS DURING 1951.

	Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	Total all ages
Males	39	7	6	26	148	420	646
Females	14	4	4	24	100	480	626
Persons	53	11	10	50	248	900	1272

The age distribution of the deaths was very much the same as for 1950. Deaths of persons of 65 years of age and upwards accounted for 70.7% of the deaths (1950 — 68.6%).

DEATHS FROM ALL CAUSES, 1951.

Cause of Death.	Males	Females	Total
Typhoid and Paratyphoid Fever	—	—	—
Cerebro-Spinal Fever	—	—	—
Scarlet Fever	—	—	—
Whooping Cough	—	—	—
Diphtheria	—	—	—
Tuberculosis of Respiratory System ...	11	3	14
Other Tuberculosis	3	2	5
Syphilis	—	1	1
Influenza	25	37	62
Measles	—	—	—
Ac. Poliomyelitis	1	1	2
Ac. Inf. Enceph.	—	—	—
Cancer	109	114	223
Diabetes	2	5	7
Cerebral Haemorrhage, etc.	68	76	144
Heart Disease	212	206	418
Other Circulatory Diseases	19	18	37
Bronchitis	41	34	75
Pneumonia (all forms)	22	39	61
Other Respiratory Diseases	7	4	11
Ulcer of Stomach or Duodenum ...	8	4	12
Diarrhoea, under 2 years	5	2	7
Appendicitis	—	—	—
Other Digestive Diseases	—	—	—
Nephritis	2	9	11
Puerperal Sepsis	—	—	—
Other Maternal Causes	—	—	—
Premature Birth	9	3	12
Con. Mal., Birth Inj , Infant Dis. ...	22	7	29
Suicide	13	4	17
Road Traffic Accidents	6	2	8
Other Violent Causes	7	14	21
All Other Causes	54	41	95
Total All Causes	646	626	1,272

It will be seen from this Table that heart diseases (including other Circulatory diseases) accounted for the greatest number of deaths (35.8%), the next highest is Cancer (17.5%), followed by Cerebral Haemorrhage, etc. (11.3%).

There is little difference from the experience of 1950 when Heart diseases accounted for 38.4% and Cancer 17.9%.

DEATHS AND DEATH-RATES FROM ALL CAUSES AT ALL AGES.

The following Table shows the crude death-rates, decennial and quinquennial, since 1841, and annual since 1938, recorded for Ipswich and compared with the corresponding rates for England and Wales.

Periods.	No. of Deaths (Ipswich).			Death-rates per 1000 Population.					
				Males		Females.		Persons.	
	M.	F	P.	Ipswich	E.&W.	Ipswich	E.&W.	Ipswich	E.&W.
1841—1850	3,245	3,324	6,569	23.86	23.1	21.62	21.6	22.67	22.4
1851—1860	3,863	3,987	7,850	23.39	23.1	21.22	21.4	22.24	22.2
1861—1870	4,440	4,480	8,920	23.66	23.7	20.84	21.4	22.16	22.5
1871—1880	5,273	5,044	10,317	24.15	22.7	20.34	20.1	22.12	21.4
1881—1890	5,053	5,016	10,069	20.02	20.3	17.43	18.1	18.64	19.1
1891—1900	5,649	5,529	11,178	19.56	19.3	16.74	17.1	18.06	18.2
1901—1910	5,335	5,231	10,566	16.17	16.4	14.09	14.4	15.07	15.4
1911—1920	5,270	5,283	10,553	14.56	15.9	13.10	13.0	13.19	14.3
1921—1930	4,604	4,778	9,382	11.76	12.9	10.88	11.4	11.29	12.1
1931—1940	5,176	5,486	10,662	12.74	—	11.55	—	12.15	12.2
1941—1950	5,494	5,467	10,961	12.25	—	11.16	—	11.70	11.7
1841—1845	1,402	1,417	2,819	22.07	22.1	19.70	20.6	20.81	21.4
1846—1850	1,843	1,907	3,750	25.43	24.1	23.43	22.6	24.30	23.3
1851—1855	1,989	1,971	3,960	24.90	23.5	21.80	21.8	23.26	22.7
1856—1860	1,874	2,016	3,890	21.97	22.6	20.69	21.0	21.29	21.8
1861—1865	2,235	2,314	4,549	24.59	23.7	22.21	21.5	23.32	22.6
1866—1870	2,205	2,166	4,371	22.79	23.7	19.56	21.2	21.07	22.4
1871—1875	2,586	2,440	5,026	24.78	23.3	20.52	20.7	22.51	22.0
1876—1880	2,687	2,604	5,291	23.58	22.1	20.16	19.5	21.76	20.8
1881—1885	2,496	2,505	5,001	20.37	20.5	18.01	18.3	19.12	19.4
1886—1890	2,557	2,511	5,068	19.69	20.0	16.88	17.8	18.19	18.9
1891—1895	2,841	2,760	5,601	20.46	19.8	17.32	17.7	18.78	18.7
1896—1900	2,808	2,769	5,577	18.73	18.8	16.20	16.6	17.38	17.7
1901—1905	2,692	2,636	5,328	16.80	17.1	14.55	15.0	15.60	16.0
1906—1910	2,643	2,595	5,238	15.57	15.6	13.66	13.8	14.56	14.7
1911—1915	2,765	2,597	5,362	15.43	15.4	13.06	13.2	14.19	14.3
1916—1920	2,505	2,686	5,191	13.71	16.5	13.14	12.8	13.41	14.4
1921—1925	2,200	2,330	4,530	11.53	13.0	10.87	11.4	11.18	12.2
1926—1930	2,404	2,448	4,852	11.98	12.9	10.89	11.4	11.40	12.1
1931—1935	2,426	2,648	5,074	11.50	12.7	11.21	11.4	11.34	12.0
1936—1940	2,750	2,838	5,588	12.41	—	11.46	—	11.93	12.4
1941—1945	2,691	2,662	5,353	13.07	—	11.65	—	12.37	11.8
1946—1950	2,803	2,805	5,608	11.42	—	10.67	—	11.04	11.5
*1946	514	506	1,020	11.23	—	9.87	—	10.51	11.5
*1947	570	598	1,168	12.02	—	11.26		11.62	12.0
1948	539	515	1,054	11.18	—	9.55		10.32	10.8
1949	607	588	1,195	11.70	—	11.30	—	11.51	11.7
1950	573	598	1,171	11.00	—	11.48	—	11.24	11.6
1951	646	626	1,272	12.42	—	12.04	—	12.23	12.5

*Civilians only.

The number of deaths registered in 1951 was 1,272 and the death-rate was 12.23. This rate compares favourably with that for the country as a whole.

PUERPERAL MORTALITY.

No deaths were associated with Pregnancy and Childbirth in 1951.

The Puerperal death-rates per 1,000 births are set forth in the following Table:—

Periods.	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions	All other Conditions.	Total all causes.	
					No.	Rates.
1841—1850	1.81	.42	.53	1.71	42	4.47
1851—1860	1.00	.17	1.00	1.60	45	3.77
1861—1870	.90	.45	.52	1.51	45	3.38
1871—1880	1.53	.57	.25	1.72	64	4.09
1881—1890	2.16	.52	.41	1.41	77	4.50
1891—1900	1.57	.50	.22	1.92	75	4.21
1901—1910	.63	1.07	.63	1.44	70	3.72
1911—1920	1.39	.60	.97	1.33	71	4.29
1921—1930	2.20	.53	.66	.66	61	4.06
1931—1940	14.06	.64	.57	1.02	50	3.65
1941—1950	1.90	1.91	—	3.15	11	6.46
1941	—	—	—	.75	1	0.75
1942	.67	—	—	—	1	0.67
1943	.68	1.36	—	—	3	2.04
1944	.55	.55	—	—	2	1.10
1945	—	—	—	—	—	—
1946	—	—	—	.43	1	0.43
1947	—	—	—	.43	1	0.43
1948	—	—	—	.53	1	0.53
1949	—	—	—	.51	1	0.51
1950	—	—	—	—	—	0.00
1951	—	—	—	—	—	0.00

COUNTY BOROUGH OF IPSWICH

Report of the Medical Officer of Health for the Year 1951.

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bstitute the following table:

PUERPERAL MORTALITY.

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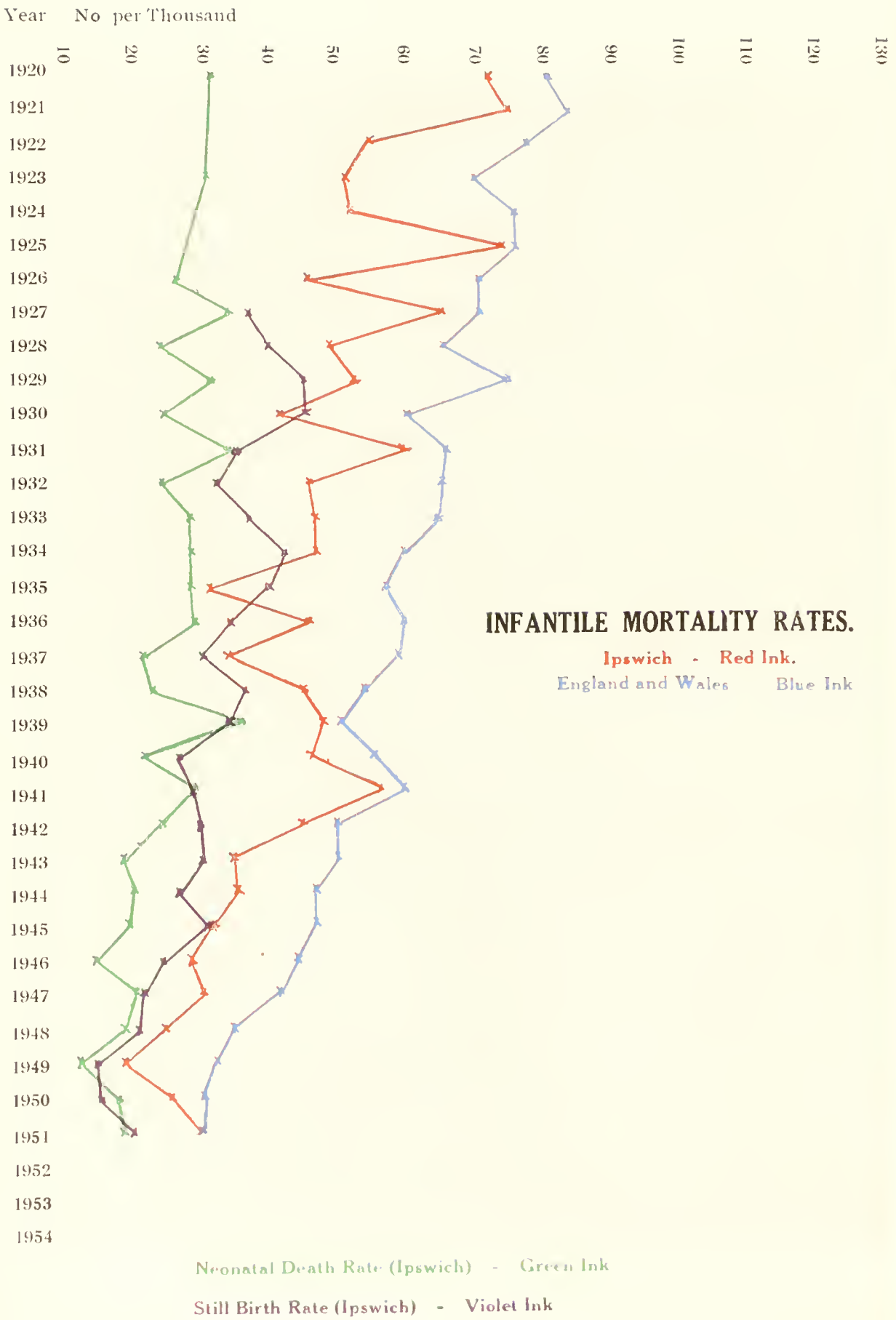
The Puerperal death-rates per 1,000 births are set forth in the llowing Table:—

Periods	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions	All other Conditions.	Total all causes.	
					No.	Rates.
1841—1850	1 81	.42	.53	1 71	42	4.47
1851—1860	1.00	.17	1.00	1.60	45	3 77
1861—1870	90	45	52	1.51	45	3.38
1871—1880	1 53	57	25	1.72	64	4.09
1881—1890	2 16	52	41	1.41	77	4.50
1891—1900	1.57	50	22	1 92	75	4 21
1901—1910	63	1 07	63	1.44	70	3 72
1911—1920	1 39	60	97	1 33	71	4 29
1921—1930	2 20	53	66	66	61	4 06
1931—1940	1 40	64	.57	1 02	50	3 65
1941—1950	.19	.19	—	.31	11	.65
1941	—	—	—	75	1	0 75
1942	67	—	—	—	1	0.67
1943	.68	1 36	—	—	3	2 04
1944	.55	.55	—	—	2	1 10
1945	—	—	—	—	—	—
1946	—	—	—	.43	1	0 43
1947	—	—	—	.43	1	0 43
1948	—	—	—	.53	1	0 53
1949	—	—	—	.51	1	0 51
1950	—	—	—	—	—	0 00
1951	—	—	—	—	—	0 00


Year
No per Thousand
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1953
1954
INFANTILE MORTALITY RATES.
Ipswich - Red Ink.
England and Wales Blue Ink
Neonatal Death Rate (Ipswich) - Green Ink
Still Birth Rate (Ipswich) - Violet Ink

INFANT MORTALITY.

The Table gives the numbers of Infant deaths and the Infant Mortality rates since 1841:—

Period	No. of Deaths			Infant Death Rates.						Female Infant Deaths per 1,000 Male.
				Males.		Females.		Infants.		
	Males.	Fmls.	Infants	Ips.	E.&W	Ips.	E.&W	Ips.	E.&W	Ipswich.
1841—1850	913	743	1,656	190	167	161	137	176	153	812
1851—1860	1,122	931	2,053	184	168	159	139	172	154	829
1861—1870	1,141	982	2,123	167	168	151	139	159	154	861
1871—1880	1,369	1,024	2,393	171	163	134	134	152	149	748
1881—1890	1,327	1,004	2,331	153	155	118	128	136	142	756
1891—1900	1,582	1,181	2,763	174	168	135	138	155	153	746
1901—1910	1,322	1,044	2,366	138	140	113	114	126	128	789
1911—1920	889	615	1,504	105	112	76	89	91	100	691
1921—1930	496	343	839	65	81	46	63	56	72	691
1931—1940	332	277	609	47	—	41	—	44	58	833
1941—1950	349	214	563	39	—	26	—	32	43	635
1841—1845	361	296	657	176	162	143	133	160	148	815
1846—1850	552	447	999	201	172	175	142	188	157	809
1851—1855	550	453	1,003	188	172	158	141	173	156	823
1856—1860	572	478	1,050	180	166	160	137	171	152	835
1861—1865	567	492	1,059	171	166	156	136	164	151	867
1866—1870	574	490	1,064	164	170	146	142	155	157	855
1871—1875	647	487	1,134	169	167	133	138	152	153	752
1876—1880	722	537	1,259	172	159	135	130	154	145	744
1881—1885	647	496	1,143	152	152	117	125	134	139	766
1886—1890	680	508	1,188	155	159	119	131	138	145	747
1891—1895	763	559	1,322	171	165	128	135	150	151	732
1896—1900	819	622	1,441	177	170	141	141	160	156	759
1901—1905	763	605	1,368	155	151	128	124	142	138	792
1906—1910	559	439	998	119	129	97	105	109	117	785
1911—1915	525	365	890	115	121	85	97	101	110	695
1916—1920	364	250	614	92	101	65	79	78	90	686
1921—1925	274	197	471	71	86	50	66	61	76	718
1926—1930	222	146	368	58	77	41	59	50	68	657
1931—1935	148	159	307	43	70	48	54	45	62	1074
1936—1940	184	118	302	51	—	34	—	43	55	641
1941—1945	193	110	303	48	—	31	—	40	50	569
1946—1950	156	104	260	29	—	21	—	25	36	701
1946	33	31	64	29	—	27	—	28	43	939
1947	42	27	69	32	—	26	—	30	41	812
1948	29	15	44	30	—	17	—	24	34	566
1949	23	13	36	23	—	14	—	18	32	565
1950	29	18	47	32	—	20	—	25	30	621
1951	39	14	53	42.8	—	16.0	—	29.74	29 6	359

ANALYSIS OF INFANT MORTALITY, 1951.

The Infant death-rate for 1951 was 29.74. The rate for England and Wales was 29.6. The following figures are based on the available local statistics :—

Neonatal Deaths.	Deaths over 1 month.	Total Infant Deaths.
Males 24 } 32 Females 8 }	21	53

(1) Neonatal—or Deaths under 1 Month.

The Neonatal death-rate was 18.0 and the causes were as follows:—

Prematurity.	Malformations.	Erythroblastosis	Birth Injury.	Infection	Accident	Atelectasis.
12	8	2	5	3	—	2

Premature Births.			
Weights.		Age at Death.	
— 2 lbs. ...	—	— 24 hours ...	6
— 3 lbs. ...	2	— 7 days ...	3
— 4 lbs. ...	6	— 1 month. ...	3
— 5½ lbs. ...	2		
+ 5½ lbs. ...	2		

Malformations.				
Spina Bifida.	Anencephalic	Cystic Hygroma.	Congenital Diaphramatic Hernia.	Congenital Heart.
1	1	1	1	4

(2) Deaths of Infants Over 1 Month.

Age at death:—

Under 2 mths.	3 mths.	4 mths.	5 mths.	6 mths.	7 mths.	8 mths.	9 mths.	10 mths.	11 mths.	12 mths.
8	4	1	—	1	2	—	3	—	2	—

Sex:—

Males.	Females.
15	6

Cause of Deaths:—

Group Cause.	Specific Disease.	Total.
Infections.	Nephritis...	1
	Gasto-Enteritis	6
	Broncho-Pneumonia ...	4
	Meningitis	2
	Pyaemia	1
Congenital Defects.	Congenital Heart	3
Accidents.	—	2
Other causes.	Marasmus	2

STILL-BIRTHS.

There were 36 still-births allocated to Ipswich in 1951, giving a rate per 1,000 of the total births of 19.80 as compared with 14.82 in 1950.

ANALYSIS.

(1) GENERAL.

Total Number.	Illegitimate.	Rate per 1,000. Live and Still-births
36	2	19.80

(2) SEX.

Males.	Females.
20	16

The following figures refer to the 34 cases of which local records are available :—

(3) MATURITY.

Full Term.	Premature.				
	–1 lb.	1–2 lbs.	2–3 lbs.	3–4 lbs.	4–5½ lbs.
19	—	—	6	3	6

(4) PLACE IN FAMILY.

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	Not Stated.
12	8	4	4	2	1	—	—	—	—	—	3

(5) ANTE-NATAL SUPERVISION.

Hospital	Doctor.	Municipal Clinic.	No Ante-natal Care
1	30	3	—

(6) Place of Birth.

Place.		Cases delivered.	Still-births.	Rate.
Hospital.	East Suffolk Hospital	60	4	6.7%
	Borough General Hospital	204	15	7.3%
	Other Hospitals	—	—	—
Maternity Homes.	Ipswich Maternity Home	408	2	0.5%
	Other Maternity Homes	—	—	—
Domiciliary.	Doctors' Booked cases	682	12	1.7%
	Midwives' Booked cases	313	1	0.3%
	Emergency cases	—	—	—

(7) Associated Conditions.

Maternal Abnormalities.	Foetal Abnormalities.	Difficult Labour.	No obvious cause.
11	5	8	10

(a) *Maternal Abnormalities:—*

Diabetes 1, Ante-partum haemorrhage 3, Hydramnios 1, Toxæmia 3, Post-maturity 3.

(b) *Foetal Abnormalities:—*

Anencephalic 1, Hydrocephalic 3, Hydrops Foetalis 1.

(c) *Difficult Labour:—*

Breech 1, Delayed second stage 1, Abnormal presentation 1, Prolapse of cord 2, Forceps 2, Contracted Pelvis 1.

(8) Condition of Foetus.

Fresh	...	...	23
Macerated	...	...	11

CANCER.

In presenting the following report upon Cancer statistics the local figures have been utilized.

A total of 223 deaths (109 males and 114 females) were ascribed to Cancer during 1951 as compared with 168, 186, 184 and 209 respectively in the four preceding years.

17.5% of the deaths from all causes were due to Cancer.

67 males and 69 females dying from Cancer were over 65 years of age.

The following Table shows the deaths and death-rates from cancer since 1841:—

Period.	Numbers and Death-rates.					
	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	12	.08	50	.32	62	.21
1851—1860	21	.12	80	.42	101	.28
1861—1870	47	.25	143	.66	190	.47
1871—1880	96	.43	193	.77	289	.61
1881—1890	115	.45	243	.84	358	.66
1891—1900	182	.63	299	.90	481	.77
1901—1910	290	.87	413	1.11	703	1.00
1911—1920	399	1.10	562	1.39	961	1.25
1921—1930	523	1.33	694	1.58	1217	1.46
1931—1940	696	1.62	887	1.83	1583	1.72
1941—1950	883	1.84	889	1.85	1772	1.84
1841—1845	4	.06	24	.33	28	.20
1846—1850	8	.11	26	.31	34	.22
1851—1855	12	.15	43	.47	55	.32
1856—1860	9	.10	37	.38	46	.25
1861—1865	12	.13	77	.74	89	.45
1866—1870	35	.36	66	.59	101	.48
1871—1875	48	.46	103	.86	151	.67
1876—1880	48	.42	90	.69	138	.56
1881—1885	50	.40	117	.84	167	.63
1886—1890	65	.50	126	.84	191	.68
1891—1895	74	.53	145	.91	219	.73
1896—1900	108	.72	154	.90	262	.81
1901—1905	117	.73	164	.90	281	.82
1906—1910	173	1.01	249	1.31	422	1.17
1911—1915	196	1.09	274	1.38	470	1.24
1916—1920	203	1.11	288	1.40	491	1.26
1921—1925	256	1.34	329	1.53	585	1.44
1926—1930	267	1.33	365	1.62	632	1.48
1931—1935	314	1.48	443	1.87	757	1.69
1936—1940	382	1.75	444	1.76	826	1.76
1941—1945	406	1.99	427	1.87	833	1.92
1946—1950	477	1.94	462	1.75	939	1.84
1946	100	2.18	92	1.78	192	1.97
1947	80	1.68	88	1.66	168	1.67
1948	94	1.95	92	1.70	186	1.82
1949	100	1.92	84	1.61	184	1.77
1950	103	1.97	106	2.02	209	2.00
1951	109	2.09	114	2.19	223	2.14

The following Table shows the site distribution of the deaths from cancer:—

Site	Male	Female	Total
Stomach	16	13	29
Colon	11	9	20
Rectum	15	5	20
Bladder	11	2	13
Female Generative Organs	—	32	32
Breast	—	26	26
Lungs and Bronchus	26	5	31
Prostate	6	—	6
Liver	3	3	6
Pancreas	3	2	5
All others	18	17	35

Table showing age and sex distribution of the cancer deaths for 1938, 1950 and 1951.

Age Periods.	1938.			1950.			1951.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
— 5	—	—	—	—	—	—	—	—	—
— 10	—	—	—	—	—	—	—	—	—
— 15	—	—	—	—	—	—	—	—	—
— 20	1	—	1	—	—	—	1	—	1
— 25	—	—	—	1	—	1	—	1	1
— 30	—	1	1	—	—	—	1	—	1
— 35	—	1	1	—	1	1	—	1	1
— 40	3	—	3	3	2	5	1	2	3
— 45	1	10	11	7	5	12	2	1	3
— 50	2	4	6	5	7	12	7	7	14
— 55	3	10	13	4	8	12	6	9	15
— 60	14	12	26	6	10	16	13	10	23
— 65	10	17	27	21	10	31	11	14	25
— 70	11	7	18	10	12	22	16	24	40
— 75	10	18	28	17	14	31	16	15	31
— 80	11	9	20	18	17	35	23	17	40
— 85	5	6	11	10	15	25	8	6	14
+ 85	3	4	7	1	5	6	4	7	11
All ages	74	99	173	103	106	209	109	114	223
+ 70	29	37	66	46	51	97	51	45	96

INFANT MORTALITY.

During the year the deaths of infants under 12 months were examined over the past five years.

Year.	Total Live Births.		Stillbirths.		Neonatal Deaths.		Deaths 1-12 months.		Total Infant Deaths.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1947	2281	22.7	45	18.9	46	20.2	22	9.6	68	29.8
1948	1846	18.0	39	20.6	30	16.3	14	7.6	44	23.9
1949	1932	18.7	28	14.3	24	12.1	11	5.7	35	17.8
1950	1861	17.9	28	14.8	33	17.7	13	7.0	46	24.7
1951	1782	17.1	36	19.8	32	18.0	21	11.7	53	29.7

In considering infant mortality it should be realised that the majority of deaths occur during the first month of life (neonatal deaths), most of them occurring within a few hours of birth.

Stillbirths and neonatal deaths to some extent reflect the special risks of illness or other abnormal conditions arising during pregnancy, and from difficulties in the birth process itself. It is the aim of ante-natal care to minimise or avoid these dangers.

For the past two years, coupled with the falling birth rate, there has been a rise in the loss of infant lives in the Borough. This has shown itself both ante-natally in the increased stillbirth rate, and post-natally both in the neonatal or deaths under one month, and also at the remaining period of from one month to twelve months.

This can be best analysed under three main headings:—

A—Stillbirths.

B—Neonatal or deaths under one month.

C—Deaths between one and twelve months of age.

To consider 1951 figures in detail:—

A—stillbirths =36
B—neonatal =32
C—over one month =21

Total 89

Therefore, over 76% of the loss of life had occurred before or shortly after birth—the figures of the previous four years reflect this fact even more strongly and emphasise the importance of those factors which can in any way safeguard the unborn or newly born infant.

ANALYSIS OF CAUSES OF DEATH.

1. *Operating in all three classes, A, B, and C.*

Malformations—total 16.

Group A—5.
Group B—8.
Group C—3.

Nine of these were reported confirmed by post mortem examination, the remaining seven being quite obvious on external inspections. Thus, approximately one-fifth of the total loss was associated with,

if not completely attributable to, congenital malformations. This compares with one-twelfth in 1947 and one-eighth in 1949. Whilst, of course, local figures are small, it is possible then that foetal malformations may be tending to increase and it will be recalled that this Authority is taking part in a nation-wide investigation to ascertain more fully the causes of malformations. In the present state of our knowledge, it is not possible to prevent the development of major deformities of this nature which may be so severe that they are incompatible with life. The most rational course at present appears to be the taking of all possible measures to maintain the health of the pregnant woman at the highest level.

2. Operating in Groups A and B. Stillbirth and Neonatal.

Prematurity.

In 27 of 68 cases, the loss of life was attributed to premature births alone.

Notwithstanding the special care afforded by domiciliary and hospital services, prematurity remains a major cause of neonatal death. The cause of death among these immature infants, or the reasons for their expulsion before maturity, are still imperfectly understood but present a problem urgently awaiting solution.

3. Operating in Groups B and C. Live Births.

Infections.

These accounted for 17 or nearly one-third of the total deaths and two-thirds of the group C deaths (over one month)—a high figure and largely attributable to the unusually high incidence of fatal gastro-enteritis (6 cases in the C group). It is just possible that this is related to the unusually large number of cases of adult gastro-enteritis and dysentery in the borough and in fact over the whole country reported during the year, and if so, it may not be without significance that at least four of these deaths occurred in bottle-fed babies; in other words their food was "handled."

The pneumonias accounted for six deaths—a rate only slightly higher than usual though two of these deaths occurred in the neonatal group, a less common finding. Greater adult appreciation of the risk to the young infant of poor ventilation, avoidable overcrowding, coughs, sneezes and colds, is needed to protect the respiratory tracts of babies. Although accidents accounted in 1951 for only two deaths, education and advice on their avoidance is still sorely needed, since they have in the past five years caused the loss of 22 infants.

4. Operating in Group B. Neonatal.

Of the five deaths ascribed to birth injury, all occurred in premature infants. All were associated with intracranial haemorrhage which is relatively more common in such children, and all were confirmed by post mortem examination.

Two deaths were due to erythroblastosis; it is sought to avoid such deaths by regular, and if necessary, repeated blood testing of the mother ante-natally for the Rhesus factor.

1. STILLBIRTHS.

Year.	Total Number.	Males.	Females.	Illegitimate.	Rate per 1,000 Live and Stillbirths.
1947	45	23	22	2	18.9
1948	39	28	11	2	20.6
1949	28	18	10	4	14.3
1950	28	15	13	3	14.8
1951	36	20	16	2	19.8

a. Maturity.

Year	Full Term	Premature.					
		-1 lb.	1-2 lbs.	2-3 lbs.	3-4 lbs.	4-5½ lbs.	Not stated
1947	24	2	2	2	5	9	1
1948	21	2	—	2	6	4	4
1949	19	1	—	2	2	3	1
1950	15	—	1	2	1	8	1
1951	19	—	—	6	3	6	2

b. Place in Family.

Year	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	Not stated
1947	28	3	5	3	1	2	2	—	—	—	—	1
1948	13	12	9	1	1	—	1	—	—	—	—	2
1949	14	6	4	—	2	1	—	—	—	—	—	1
1950	6	12	6	2	1	—	—	—	—	—	—	1
1951	12	8	4	4	2	1	—	—	—	—	—	5

c. Ante-Natal Supervision.

Year	Hospital	Doctor	Municipal Clinic	No Ante-Natal Care	Not stated
1947	—	29	16	—	—
1948	—	19	17	1	2
1949	2	17	6	2	1
1950	5	20	2	—	1
1951	1	30	3	—	2

d. Place of Birth.

Year.	Place of Birth.		Cases delivered.	Still-births.	Rate.
1947	HOSPITAL.	East Suffolk Hospital.	21	—	—
1948			15	1	6.7%
1949			45	2	4.4%
1950			55	3	5.4%
1951			60	4	6.7%
1947		Borough General Hospital.	287	18	6.3%
1948			278	17	6.1%
1949			301	12	3.9%
1950			241	11	4.5%
1951			204	15	7.3%
1947		Other Hospitals.	—	—	—
1948			—	—	—
1949			—	—	—
1950			—	1	—
1951			—	—	—
1947	MATERNITY HOMES.	Ipswich Maternity Home	525	7	1.3%
1948			490	10	2.0%
1949			443	3	0.6%
1950			420	3	0.7%
1951			408	2	0.5%
1947		Other Maternity Homes.	79	1	1.3%
1948			11	—	—
1949			—	—	—
1950			—	1	—
1951			—	—	—
1947	DOMICILIARY	Doctors' Booked Cases.	539	9	1.6%
1948			418	5	1.2%
1949			616	6	0.9%
1950			655	8	1.2%
1951			682	12	1.7%
1947		Midwives' Booked Cases.	659	10	1.5%
1948			590	4	0.7%
1949			455	2	0.4%
1950			406	1	0.2%
1951			313	1	0.3%
1947		Emergency Cases.	—	—	—
1948			—	—	—
1949			Included in above	2	—
1950			—	—	—
1951			—	—	—

In 2 cases no records available. (1951.)

e. Associated Conditions.

Year.	Maternal abnormalities.	Foetal abnormalities.	Difficult labour.	No obvious cause.	Not stated.
1947	11	4	14	16	—
1948	11	5	13	8	2
1949	12	2	8	5	1
1950	10	3	12	1	2
1951	11	5	8	10	2

f. Maternal Abnormalities.

Year.	Toxaemia.	Antepartum haemorrhage.	Chronic Nephritis.	Post Maturity.	Rheusus Factor.	Diabetes.	Essential Hypertension	Hydramnios.	Placenta Praevia.	All Others.
1947	5	3	1	2	—	—	—	—	—	—
1948	4	4	—	—	2	—	—	—	—	1*
1949	—	5	1	2	—	1	2	—	—	1†
1950	2	1	1	1	—	2	—	2	1	—
1951	3	3	—	3	—	1	—	1	—	—

* Maternal fall. † Cardiac.

g. Foetal Abnormalities.

Year.	Hydrops foetalis.	Monster.	Hydro-cephalus.	Spina Bifida.	Anen-cephalic.	Post Maturity.
1947	1	1	1	1	—	—
1948	—	—	—	—	3	2
1949	—	—	2		—	—
1950	—	—	1	—	2	—
1951	1	—	3	—	1	—

h. Difficult Labour.

Year.	Locked Twins.	Breech.	Persistent Occipito Posterior.	Delayed 2nd Stage.	Contracted Pelvis.	Abnormal Pres.	Prolapse of Cord.	Uterine Inertia.	Forceps.	All Others.
1947	2	3	4	—	4	1	—	—	—	—
1948	—	—	—	—	—	6	4	3	6	—
1949	—	2	—	—	—	—	—	—	—	—
1950	—	5	—	2	2	2	1	—	—	—
1951	—	1	—	1	1	1	2	—	2	—

i. Conditions of Foetus.

Year.	Fresh.	Macerated.	Not Stated.
1947	27	17	1
1948	19	4	16
1949	23	4	1
1950	17	10	1
1951	23	11	2

2. Neonatal—Or Deaths under 1 Month.

a. Causes.

Year.	Prema-turity.	Malforma-tions.	Erythro-blastosis.	Birth Injury.	Infection	Accident	Atelec-tasis.
1947	23	4	3	5	6	1	4
1948	11	7	2	4	2	—	4
1949	11	4	—	5	—	2	2
1950	14	5	1	11	1	1	—
1951	12	8	2	5	3	—	2

b. Premature Births.

Year.	Weights.					Age at Death.		
	- 2 lbs.	- 3 lbs.	- 4 lbs.	- 5½ lbs.	+5½ lbs.	- 24 hours	- 7 days	- 1 month
1947	Not recorded.					Not recorded.		
1948	Not recorded.					Not recorded.		
1949	1	3	2	5	—	8	2	1
1950	2	5	4	3	—	11	3	—
1951	—	2	6	2	2	6	3	3

c. Malformations.

Year.	Oesophageal Fistula.	Hydrops Foetalis.	Hydrocephalus.	Congenital Heart.	Spina Bifida.	Facial Deformity.	All Others.
1947	1	1	1	1	—	—	—
1948	—	—	—	2	4	1	—
1949	—	—	1	1	—	—	2*
1950	—	—	1	1	—	—	3†
1951	—	—	—	4	1	—	3‡

* 1 Microcephalic; 1 Foetal Abnormality.
† 1 Anencephalic; 2 Multiple Deformities.
‡ 1 Anencephalic, 1 Congenital Diaphragmatic Hernia.
1 Cystic Hygroma.

3. Deaths of Infants over 1 Month.

a. Age at death:—

Year.	Under 2 mths	3 mths.	4 mths.	5 mths.	6 mths.	7 mths.	8 mths.	9 mths.	10 mths.	11 mths.	12 mths.
1947	6	2	3	3	2	1	1	—	2	1	1
1948	9	—	3	—	—	1	—	1	—	—	—
1949	2	1	1	2	2	—	3	—	—	—	—
1950	3	4	—	2	2	—	1	—	—	1	—
1951	8	4	1	—	1	2	—	3	—	2	—

b. Sex:—

Year.	Males.	Females.
1947	15	7
1948	8	6
1949	8	3
1950	10	3
1951	15	6

c. Cause of Deaths:—

(i) Group Cause—Infections.

Year.	Nephritis.	Gastro-Enteritis.	Broncho Pneumonia.	Otitis Media.	Whooping Cough.	Meningitis.	Tuberculosis.	Syphilis.	All Others
1947	1	1	6	3	2	—	1	—	Septicaemia.
1948	—	2	3	—	—	—	—	1	—
1949	—	—	4	—	—	2	—	—	—
1950	—	2	3	—	—	—	—	—	1 Peritonitis.
1951	1	6	4	—	—	2	—	—	1 Pyaemia.

(ii). Group Cause—Others.

Year.	Congenital Defects.		Erythroblastosis.	Accident.	All Others.
	Heart	All Others.			
1947	—	1 Pyloric stenosis.	1	2	3 { Pink Disease. Prematurity. Intussusception.
1948	1	—	—	7	—
1949	1	1 Hydrocephalus and Spina Bifida.	—	3	—
1950	1	2 Hydrocephalus. Fibrosystic Disease.	—	4	—
1951	3	—	—	2	2 Marasmus.

SECTION B(1).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22.—Care of Mothers and Young Children.

Women's Welfare Clinic.

Provision of Clinics and Centres.

Care of Premature Infants.

Residential Accommodation for Expectant and Nursing Mothers.

Dental work in connection with Mothers and Young Children.

Eye Clinic for Pre-School Children.

Montrose Day Nursery.

CARE OF MOTHERS AND YOUNG CHILDREN.

SECTION 22.

WOMEN'S WELFARE CLINIC.

During the year the fortnightly evening sessions for women resident in the Borough were continued and were attended by 127 women.

The women are referred to the clinic mainly by their doctors, health visitors or midwives, some for medical reasons being considered temporarily or permanently unfit for child bearing and some because adequate spacing of the family is considered advisable. Each woman is invited to make two attendances, the second to ensure, as far as possible, that she has understood the instruction and is capable of intelligent use of the method advocated.

To many women in these times of high prices and frequent housing difficulties the knowledge that a method is available which gives a reasonable chance of satisfactory family spacing, so that one child is just through the earlier toddler stage before the next arrives, does appear to give added peace of mind and enhanced domestic happiness.

It must be kept in mind, however, that success can only be expected if the technique is followed with care and accuracy—hence the mothers of problem families or women of low intelligence are least likely to be helped by such advice, since the necessary attention to detail is not to be expected from them.

(*a*)	Number of women attending	127
(*b*)	Number of women who failed to complete instruction	28
(*c*)	Number of women who completed instruction the following year	6
(*d*)	Number of women who left the town ...	2
(*e*)	Number of women receiving full instruction	90
(*f*)	Number of women at (*e*) who subsequently had unplanned pregnancies	7
(*g*)	Number of attendances during year ...	279

A shorter weekly morning session is held for County Cases. 130 women attended during 1951 and total attendances were 259. Full information as to the subsequent number of unplanned pregnancies occurring is not yet available, but up to the middle of the year it appeared to be much the same as the rate for Borough cases, i.e. just over 7% of the total number receiving the instruction.

PROVISION OF CLINICS AND CENTRES.

The Local Authority has provided Ante-Natal, Post-Natal and Infant Welfare Clinics at the undermentioned Centres:—

(*a*)	Central Clinic ...	... Elm Street.
(*b*)	Gainsborough Clinic	... Clapgate Lane.
(*c*)	Whitton Clinic ...	... Shakespeare Road.
(*d*)	Allington Clinic	... Woodbridge Road.
(*e*)	Maidenhall Clinic	... Cranfield Sports Pavilion, Halifax Road.

15 sessions Infant Welfare and 9 sessions Ante-Natal are held weekly.

No Clinics have been provided by Voluntary Organisations.

MAIDENHALL CLINIC.

Following occupation of a number of houses at the new Maidenhall housing estate the Committee had to give some consideration to the establishment of clinic facilities in this somewhat isolated community. As with other new estates, the houses were occupied as they came to completion. In order to provide immediate clinic facilities for those persons, and in order also to establish the need for, and size of permanent clinic facilities in that area in due course, arrangements were made for the use of a sports pavilion belonging to one of the large factories in the town.

The sports pavilion provides a large waiting hall with facilities for food sales, etc., and the undressing cubicles provide rooms for weighing and consultation with the doctor. The toilet facilities are adequate for the numbers who at present attend.

The goodwill and the co-operation of the officers of the sports club concerned is very much appreciated, and the use to which the clinic has been put almost from its inception has undoubtedly proved its use to mothers who either would not attend a clinic or would otherwise have had to travel to the central clinic.

The following statistics show attendances at Infant Welfare Centres:—

(*a*)	No. of Centres provided at end of year ...	5
(*b*)	Number of Infant Welfare Sessions held per month	60
(*c*)	Number of children who attended the Centres	3,341
(*d*)	Number of children who first attended the Centres and who on the date of their first attendance were:—	
	Under 1 year of age	1,166
	Over 1 year of age	308

Maidenhall Clinic, temporarily held in a Sports Pavilion.

(*e*) Number of children included in (*c*) who at the end of the year were:—

Under 1 year of age	...	...	953
Over 1 year of age	...	...	2,270

(*f*) Total number of attendances made by children included under (*c*).

Under 1 year of age ...	...	...	11,953
Over 1 year of age ...	...	...	6,889

Ante and Post Natal Clinics.

Clinic.	No. of Clinics provided at end of Year.	No. of sessions held per month.	No. of women in attendance.		Total number of attendances by women in Col. 4.
			During the Year.	Included in column 4 who had *not* previously attended an ante-natal clinic during current pregnancy or a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
Ante-Natal Clinics	5	37	1,257	1,111	4,480
Post-Natal Clinics	5	20	(234)	(227)	(371)

The brackets indicate that the women were examined post-natally at Ante-Natal Clinics.

WORK OF THE INFANT CLINICS.

The following is a summary of the visits paid to the Centres:—

Clinic.	1951.			1950.
	Infants. —1	Children 1—5	Total.	
Main ...	3,161	1,774	4,935	5,611
Branch, Gainsborough	2,943	1,868	4,811	4,191
Branch, Whitton ...	2,559	1,254	3,813	3,650
Branch, Allington ...	3,202	1,924	5,126	3,858
Branch, Maidenhall ...	88	69	157	—

EXAMINATION OF INFANTS BY MEDICAL OFFICERS.

The examinations carried out by the Medieal Offieers are shown in the following table:—

Age.	No. of Infants Examined.	No. of Re-Examinations.	Total.	1950.
—1	1,202	2,157	3,359	2,871
—2	364	817	1,181	937
—3	328	519	847	700
—4	263	324	587	658
—5	212	315	527	458
Total	2,369	4,132	6,401	5,624

Care of Premature Infants.

The care of premature infants in their own homes, by the domieiliary service continued on the same lines as previously. The loan of premature baby equipment and the provision of speeial nursing care where infants were kept at home coneerned 79 babies as against 96 in 1950.

Equipment for use in the home or in transport of the child to hospital, such as draught-proof eots, thermogenic blankets, hot-water bottles, special clothes and oxygen, ete., are available on loan to the mothers. The midwives pay many extra visits daily to wateh over and supervise the management and feeding of these infants.

Speeial premature equipment was loaned in 10 eases.

(a) Number of premature babies notified whose mother was normally resident in Ipswich ... 79

(b) Total notified—
  (a) born at home 38
  (b) born in hospital or nursing home ... 41

(c) The number of those born at home who were nursed entirely at home 33

(d) The number of those born at home and nursed entirely at home—
  (i) who died during first 24 hours ... —
  (ii) who survived at the end of one month ... 32

The following figures will serve to illustrate the details of premature births during 1950, distinguished as between those babies born at home and those born in institutions:—

Babies Born at Home.

Premature infants born at home, 38. Survived over 28 days, 33. Per cent. survival, 86.8.

Weight at Birth.	No.	Transferred to Institutions	Deaths	Remaining at Home	Deaths
2 lbs. 3 ozs. or less ...	2	2	2	—	—
2 lbs. 3 ozs.—3 lbs. 4 ozs.	1	1	—	—	—
3 lbs. 4 ozs.—4 lbs. 6 ozs.	3	1	1	2	1
4 lbs. 6 ozs.—4 lbs. 15 ozs.	5	—	—	5	—
4 lbs. 15 ozs.—5 lbs. 8 ozs.	27	1	1	26	—
Totals ...	38	5	4	33	1

Babies Born in Institutions.

Premature infants born in Institutions, 41. Survived over 28 days, 28. Per cent. survival, 68.3.

Weight at Birth.	No.	Deaths.
2 lbs. 3 ozs. or less	1	1
2 lbs. 3 ozs.—3 lbs. 4 ozs. ...	2	2
3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	10	8
4 lbs. 6 ozs.—4 lbs. 15 ozs. ...	8	1
4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	20	1
Totals	41	13

Of those cases where the babies were to be born at home, admission to an institution was only sought when:—

1. The home conditions were bad, i.e., unsuitable housing, extreme poverty, etc.
2. The child was known to be not really wanted—usually an illegitimate in such cases.
3. Unco-operative parent or grandparent in the home (likely to interfere with the treatment.)

No special midwife is allocated to premature baby nursing as in some areas. It is felt that each of the Municipal Midwives should be adequately trained and experienced in the detailed care of such infants, and should have the satisfaction and stimulus which the successful home rearing of these tiny infants affords.

The Supervisor of Midwives gives assistance with each case and the special premature baby equipment which is provided and loaned by the local authority is brought into use.

Further, it must be borne in mind that the risk of infection is probably decidedly less in the infant's own home environment than in a hospital.

INFECTIOUS DISEASES.

(*a*) One case of ophthalmia neonatorum was notified during the year, and vision was not impaired.

(*b*) *Puerperal Pyrexia.*

	Domiciliary Confinements.	Institutional Confinements.
No. of cases Notified	10	28
Visited by Officer of the Authority ...	10	—
Home Nursing provided	—	—
Cases removed to Hospital ...	5	28

MATERNAL DEATHS.

(a) Number of women confined at home or in Nursing Homes who died in, or in consequence of, childbirth *in the area.*

	Sepsis.	*From other causes.*
Confined at home ...	—	—
Confined in Nursing Homes	—	—

(b) Number of women who died:—

(i) At home ... ... —

(ii) In Nursing Homes ... ... —

(iii) After removal to an Institution ... —

MOTHERS' AND BABIES' HOMES.

No mothers' and babies' homes have been provided by the Local Authority and there are none in the area run by Voluntary Associations.

Residential Accommodation (Other than Mother and Baby Homes) provided for Expectant or Nursing Mothers and for Young Children under Section 22 of the National Health Service Act.

In accordance with the recommendations contained in Circular 2866 (Illegitimate Children) the Local Authority contributes towards the expenses incurred by the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association. All cases coming to the notice of the officers of the Public Health Department are referred to the Moral Welfare Worker employed by the Association, and she undertakes the necessary advice and arrangements. The contribution made by the Council includes a proportion towards expenses incurred in accommodating unmarried mothers in Homes, admission to which the Moral Welfare Worker arranges.

Where the mother is the wife of a man who is not the father of her child, arrangements have been made with the Ely Diocesan Maternity Home, Cambridge, and such mothers and their babies are admitted to that Home.

Where expectant mothers are in need of temporary accommodation under the National Assistance Act they are admitted to the Social Welfare Institution at Heathfields, Woodbridge Road East, which is under the control of the Welfare Services Committee. The Health Committee contributes towards the expenses incurred in accommodating an expectant mother during the last six weeks of pregnancy and arrangements are made with the Hospital Management Committee for the mothers to be admitted to maternity accommodation for their confinements.

The Council have arranged temporary accommodation at the Nurses' Home, No. 9, Lower Brook Street, Ipswich, for the reception of nursing mothers with their babies when they are in need of temporary accommodation and because facilities at Heathfields are unsuitable for nursing mothers. In cases where the mothers are not breast-feeding their babies, they are re-admitted to Heathfields and the babies are admitted to the Children's Home—Britannia Road Nursery.

During 1951 the Diocesan Moral Welfare Association sent 30 Ipswich patients to residential institutions; in addition two expectant mothers were admitted to the National Assistance Institution for whom financial responsibility was accepted by the Ipswich County Borough Council.

Daily Minders Provided by the Authority at 31st December, 1951.

NIL.

DENTAL WORK IN CONNECTION WITH THE CARE OF MOTHERS AND YOUNG CHILDREN.

There is again a slight increase in the number of pre-school children attending the clinics. These young patients take up more time than their older brothers and sisters, but it is time well spent; once their confidence is secured quite extensive dental treatment may be carried out.

The number of sessions devoted to this treatment was 117.

Expectant mothers and Nursing mothers	...	...	39
	...	...	3
Total	...	...	42
Children under five	...	...	75

(a) Numbers provided with dental care:—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant Mothers and Nursing Mothers	140	134	95	61
	17	16	16	17
Total	157	150	111	78
Children under five	567	525	496	495

(b) Forms of dental treatment provided:—

	Extractions	Anaesthetics.		Fillings	Scalings or Scaling & gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided		Dentures repaired
		Local	General						Complete	Partial	
Expectant and Nursing mothers	105	14	42	157	49	8	40	4	5	3	1
	37	20	5	26	11	—	7	3	2	7	—
Total	142	34	47	183	60	8	47	7	7	10	1
Children under five	531	32	393	196	—	196	70	1	—	—	—

EYE CLINIC.

These figures relate to children under school age examined by the Eye Specialist during the year.

Number of children examined	53
Number of attendances	100
Number for whom glasses were ordered	12
Number for whom glasses were changed	6
Number referred for treatment other than glasses ...	2
Number to continue present glasses	12
Number to discontinue wearing glasses	—

MONTROSE DAY NURSERY.

1. Accommodation and Attendances.

Montrose Day Nursery has fifty places. At the beginning of the year the attendance register was increased to include 56 names in an endeavour to improve the average daily attendances. During the second half of the year the attendance register was raised to 70 names with the result that in the last six months of 1951 the average attendance was 48.2 as against 30 in the first six months. To attain an average of 48.2 occasionally necessitates the daily attendance approaching the total number on the register; in the main the periodic absences of almost all the children attending the Nursery however, render the increased registrations a practical proposition.

2. Waiting List.

When the additional names were added to the register a complete revision of the waiting list was undertaken. As a result the waiting list at the 31st December, 1951, was as follows:—

0—2 years	27
2—5 years	13
Total	40

3. Admissions and Discharges.

The number of children admitted to, and discharged from the Nursery during 1951, was as follows:—

	Admitted.	*Discharged.*
0—2 years ...	44	19
2—5 years	28	30
Total	72	49

The greater number of admissions was amongst those children under 2 years of age. This point is reflected also in the table showing the duration of stay at the Nursery. A high proportion of young children stay until they are 5 years of age, and are, therefore, transferred from one age group to the other within the Nursery.

4. Average Attendance.

The Nursery is open five days a week, and during 1951 received children on 243 days. Closure was effected for six days on account of absences due to illness and for five days during the laying of drains in connection with extensions to the building. There were 3,768 attendances of children under 2 years of age and 6,046 attendances of children between 2 and 5 years of age, giving an average daily attendance of just over 39 children.

5. Infectious Diseases.

During the early part of 1951, children attending the Nursery suffered with dysentery, which was prevalent throughout the town. The first case was indicated on the 18th January, followed by 21 cases between the 26th February and the 9th March. A further case occurred on the 2nd May. Thus 23 children (47%) gave positive specimens out of a total of 49 who were at the original date in attendance at the Nursery. The average period during which each child was absent was 49.4 days. In addition, of course, odd infections occurred throughout the year including whooping cough, chicken pox, german measles and measles.

6. Details of Families with Children Attending.

In accordance with previous practice a monthly check is made to ensure that the mothers are in work and the co-operation of the many employers is very much appreciated in this connection. As has been done in previous years, a classification of the mothers' employment and the reason for the children being at the Nursery was undertaken and revealed the following results:—

The need to work.	No.
Mothers sole support of child ...	19
,, with husbands in Forces ...	7
,, with husbands in ill health	1
,, who are nurses ...	4
Mother and father both working owing to financial difficulties ...	27
Where the mother is deceased ...	1
Total	59

At the 31st December, 1951, the children at the Nursery fell into the following age groups.:—

Age.	Under 6 months	6 to 12 months	1 to 2 years	2 to 3 years	3 to 5 years	Total
Number attending	2	3	16	11	27	59

7. THE DURATION OF STAY AT THE NURSERY.

Period	Less than 3 months	3 to 6 months	6 to 9 months	9 months to 1 year	Over 1 year	Total
Under 2 yrs. of age	7	5	3	3	3	21
2-5 yrs. of age ...	2	7	8	4	17	38
Total ...	9	12	11	7	20	59

8. SANITARY FACILITIES.

The Committee considered the necessity of providing additional lavatory accommodation at the Nursery, and during the last week of October 1951, an extension building was commenced which will provide a number of additional miniature water closets, urinals and wash-hand basins adjacent to the large nursery rooms on the ground floor of the building.

9. STAFFING.

The staff consists of matron, deputy matron, 4 nursery trained nurses, warden and 8 student nursery nurses. During 1951 four students sat for the National Nursery Examination Board Examination at the Royal Sanitary Institute in London, and all were successful. Due credit is reflected, not only on the work of the Senior Assistant Medical Officer of Health and the Matron of the Nursery, but on the students themselves who have to undertake a considerable amount of private study in order to prepare themselves for the examination.

The student nursery nurses attend lectures as follows:—

3 hours	Monday	...	Medical and nursing talks.
3 ,,	Tuesday	...	Talks by the Nursery School teacher.
3 ,,	Thursday	...	Higher education subjects.
3 4 ,,	Saturday	...	Practical housewifery, laundry, cookery, needlework and toy making.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

I should like, once again, to record appreciation of the co-operation existing between the local Inspector of the National Society for the Prevention of Cruelty to Children and the various sections of the Public Health Department. Ten cases were specifically referred as "problem families" during 1951. The friendly advice and tactful approach always shown by Inspector Tomkins to the cases referred to him are much appreciated.

SECTION B(2).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 23.—Midwifery.

Midwifery Service.

Midwives' Act, 1918—Medical Aid.

MIDWIFERY SERVICE.

When an expectant mother elects to avail herself of the services of her Doctor and the Midwifery Service, then she is entitled to expect advice and treatment under both schemes, and to complain if she does not, in fact, receive such treatment.

It is in this respect that some suggestions of overlap services were made during the year under review, and discussions were held between representatives of the Local Medical Committee and the Health Committee of the County Borough.

The three courses open to an expectant mother arranging for her confinement are:—

(a) to have the baby at home with the services both of the Local Authority midwives and her own doctor; or

(b) to have the baby at home with the Local Authority Midwifery Service only; or

(c) to have her baby in a hospital or nursing home.

The Local Authority are concerned only with (a) and (b), and the statistical returns in connection with those mothers who were confined at home, attended by a maternity nurse and private doctor, have been compiled to show the number of cases in which the maternity nurse reverted to her function as a "midwife" in accordance with Rule E.20 of the Central Midwives Board. The detail and implications of the recommendations contained in Ministry of Health Circular 173/48 and the appendix to circular L.H.A.L. 5/49 issued by the Ministry of Health on the 28th July, 1949, were of considerable interest in this connection.

A patient booking a maternity nurse attends her own doctor for certain ante-natal care. She is also invited to attend regularly at the ante-natal clinic where she is seen by the maternity nurse booked for the case. In this way, both the practitioners responsible for her confinement are familiar with her general physical condition.

Ipswich Midwives and Pupil Midwives with the Senior Assistant Medical Officer of Health and Supervisor of Midwives.

Pupil Midwives leaving for visits.

The following figures may serve to illustrate the facts outlined above:—

Year	Cases in which a midwife only was booked.	Doctors' cases in which a Maternity Nurse was booked.	No. of those cases in which the doctor was actually present at the time of the birth.	% of cases in which the Maternity Nurse reverted to her normal function as a midwife.	Total cases dealt with.	Total cases delivered by Midwives acting as such
1949	429	672	478	29	1,101	623
1950	410	700	399	43	1,110	711
1951	329	717	411	43	1,046	635

During 1951, a total of 1,046 cases were attended by the midwifery service, a decrease of 64 over the year 1950. In 952 cases analgesics were administered by the midwives as compared with 920 in 1950.

At the 31st December, 1951, the Local Authority employed one non-medical Supervisor and 14 midwives. In addition, the establishment provided for up to 12 pupil midwives at the Part II Training School.

Three midwives attended post-graduate courses, and the local monthly meetings for midwives were continued throughout the year. Discussions covered difficulties encountered, and matters of interest arising during the month. The midwives also attended professional and technical discussion group lectures at the local hospitals.

Seven of the midwives are equipped with oxygen apparatus which is carried at all times in their cars. The remaining members of the midwifery service will be equipped as soon as the necessary cylinders are obtainable.

The Emergency Obstetric Unit was called on two occasions during the year.

Twenty-six candidates who attended the Part II Training School presented themselves for the examination of the Central Midwives' Board and 25 passed at the first attempt. It is interesting to record that during the early part of the year four midwives from Australia, who were on the Australian Roll of Midwives, were taken for three months training at the Ipswich Part II School. All passed the examination in Gas & Air Analgesia and were subsequently placed on the Midwives' Roll for England and Wales. One of them joined the domiciliary midwifery service for a temporary period, and assumedly on recommendation from those who were initially trained, further candidates from Australia have applied for training during 1952.

The Ipswich Pupil Midwives Amenity Fund was commenced as a voluntary committee to raise funds for additional comforts in connection with the Part II Pupil Midwives Training School. As a result of various activities a total of £150 was raised. Additional facilities have been provided in the common sitting room at the Nurses Home, and a hut on the sea front at Felixstowe has been acquired for use by pupil midwives during off duty periods.

The arrangements whereby cars, attached to the ambulance service, convey pupil midwives to and from cases that occur during the hours of darkness have continued.

MIDWIFERY SERVICE.

The following table gives details of cases attended during the year:—

	Number of Maternity Cases in the area of the Local Supervising Authority attended by Midwives.					
	Domiciliary Cases.		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by the Local Authority:—	635	411	—	—	635	411
Midwives employed by Voluntary organisations	—	1	—	—	—	1
Midwives employed by Hospital Management Committee:—	—	—	422	789	422	789
Midwives in private practice:—	—	12	—	—	—	12
Number of cases attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day	5	19	—	—	5	19
Totals	640	443	442	789	1,062	1,232

Number of Midwives practising at the end of the year in the area of the Local Supervising Authority who were:—

(*a*)	Employed by voluntary organisations as domiciliary Midwives *otherwise* than under arrangement made with the Health Authority under Section 23 of the National Health Service Act				1
(*b*)	In private practice as:—				
	(i) Domiciliary Midwives ...	5			
	(ii) Midwives in Institutions, i.e. Nursing Homes ...	—	Total		5
(*c*)	Midwives employed on 31st December, 1951 by the Local Authority:—				
	Non-Medical Supervisor ...	1			
	Midwives	15			
		—	Total		16

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT 1918.

Number of cases in which Medical Aid was summoned under Section 14 (1) of the Midwives Act, 1918 by a Midwife:—

(*a*)	For Domiciliary cases:—			
	(i) Where the medical practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service Act ...	2		
	(ii) Others	73	Total	75

During the year 1950 Medical Aid was summoned in 92 domiciliary cases.

ADMINISTRATION OF ANALGESICS.

(*a*)	Number of Midwives in practice in the Area qualified to adminster Analgesics in accordance with the requirements of the Central Midwives Board:—				
	(i) Domiciliary	15			
	(ii) In Institutions	19	Total		34
(*b*)	14 sets of apparatus are in use by Domiciliary Midwives. All midwives employed by the Local Authority are now in possession of a set.				
(*c*)	In 952 cases analgesics were administered by domiciliary midwives.				

During the year 1950, analgesics were administered in 920 cases by Midwives in Domiciliary practice.

TABLE I.

Number of Bookings.

	PRIMIPARA								MULTIPARA.								Total 3 Years	All Cases
	1949		1950		1951		Totals		1949		1950		1951		Totals			
	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.		
Booked Midwives Cases	86	1	68	—	46	—	200	1	361	2	361	1	283	2	1,005	5	1,211	3,325
Booked Obstetrician Cases.	214	3	182	1	211	3	607	7	449	6	509	8	520	8	1,478	22	2,114	

L.B.=Live Births. S.B.=Still Births.

SUPERVISOR AND PUPILS IN THE LECTURE ROOM AT THE NURSES HOME.

Pupil Midwives with the Teaching Midwives and the Supervisor.

TABLE II.

	1949					1950					1951				
	Midwives cases		Maternity nurse cases			Midwives cases		Maternity nurse cases			Midwives cases.		Maternity nurse cases		
	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Totals	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Totals	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Totals
LIVE BIRTHS.															
No. of Cases ...	86	361	214	449	1,110	68	361	181	510	1,120	46	283	211	520	1,060
Delivery by forceps ...	6	1	24	20	51	3	1	19	25	48	1	1	23	14	39
Breech	—	4	5	6	15	1	13	3	14	31	—	3	3	12	18
Medical Aid called in	8	6	—	—	14	6	12	—	—	18	1	7	—	—	8
Prematures:															
Sent to Hospital ...	—	1	2	2	5	—	3	2	5	10	—	—	—	5	5
Retained at home ...	1	6	5	13	25	—	5	10	8	23	1	5	11	18	35
Patient sent to hospital during labour ...	4	2	7	8	21*	—	4	7	6	17	—	2	9	15	26
Deaths of infants within 14 days ...	—	2	—	2	4	—	2	2	3	7	—	—	1	1	2
Obstetrician booked and present ...	—	—	176	295	471	—	—	131	261	392	—	—	158	249	407
STILLBIRTHS.															
No. of cases ...	1	2	3	6	12	—	1	1	8	10	—	2	3	8	13
Delivery by forceps ...	—	—	1	—	1	—	—	1	1	2	—	—	1	—	1
Breech	—	1	—	—	1	—	1	—	2	3	—	1	—	1	2
Medical Aid called in	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Patient sent to hospital during labour ...	—	—	1	1	2	—	—	—	1	1	—	—	1	—	1
Macerated foetus ...	1	1	2	1	5	—	—	1	3	4	—	2	1	5	8
Obstetrician booked and present ...	—	—	2	5	7	—	—	1	6	7	—	—	1	3	4

*In 2 cases during 3rd stage.

TABLE III.

Live and Still-Births.	1951	1950
No. of Maternity Nurse cases attended ...	717	700
No. of these at which the Obstetrician was actually present	411	399
% of Obstetrician attendances	57	57
% of cases where Maternity Nurse reverted to function as a Midwife	43	43

Comments on Tables.

"*Medical Aids sent during labour*". These figures refer only to cases in which assistance from a doctor is sought before the birth is completed and does not include perineal repairs or attendance on the newborn child, etc.

"*Patients sent into Hospital during labour.*" These figures refer to cases which had arranged for domiciliary confinement, but in which an emergency arose during the labour necessitating hospitalisation.

"*Booked Obstetrician Cases.*" Includes all those in which the patient had arranged for maternity services with her own practitioner, whether or no the practitioner elected to be present at the time of the confinement.

All booked midwife cases regularly attend the Municipal Ante-Natal clinics—special visits are paid to those who are unable to attend.

All midwives attend not less than once monthly to examine their own cases—they bring a case requiring special examination up to any clinic for immediate advice.

The standard of ante-natal care given by municipal midwives who work in close conjunction with the municipal ante-natal clinic is an added safeguard in childbirth. As such, it should not be denied to any woman who may desire to avail herself of the service.

SECTION B(3).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 24.—Health Visiting.

The authorised establishment in relation to the Health Visiting Service is one superintendent health visitor and 16 health visitors. It has not been possible to recruit 16 fully qualified health visitors and consequently a number of full time and part time clinic nurses (S.R.N.) have been employed. One candidate was awarded a bursary and commenced the health visitor's training course in September, 1951.

The following statistics will indicate the work undertaken by this section:—

Visits by Health Visitors.

	Children.					
	— 1	1—5	*Miscellaneous.	Total effective visits.	'Ineffective' visits. 'No one at home'	Total (All visits).
1949	12,792	11,666	1,131	25,589	7,260	32,849
1950	13,804	15,450	1,698	30,952	7,596	38,548
1951	11,770	14,257	1,256	27,283	5,735	33,018

**Miscellaneous Visits* (1951):—

T.B. cases	468
Old persons	43
School children	219
Diphtheria immunisation ...	132
Specials	48
Infectious diseases	346
Total	1,256

It will be observed that although the average number of visits per health visitor has remained at a high level, it is inevitable that with the decrease in staff the total number of visits must fall. In fact it has been necessary to adopt selective visiting as the only practical way of dealing with the heavy case loads.

The visits under the heading "No one at Home" have fortunately been reduced, but this is no doubt partly due to the fact that visits have been curtailed to those families that are known to be frequently out. Occasionally the health visitors have used slips to put through the door saying that they have called and will return on a certain date. This practice cannot be used widely, but it may well have contributed to the reduction in these "futile visits."

The special visits under the heading of "Diphtheria Immunisation" were largely in connection with the investigation carried out for

the Medical Research Council in 1950: this came to an end in March, 1951, and the visits recorded are consequently less than in the previous year.

The visitation of T.B. cases has, however, substantially increased. The visiting of cases of tuberculosis is now carried out by the district health visitor as a normal part of her duties. Generally speaking a visit is made and an environmental report completed in respect of all newly ascertained cases. The report is primarily for the use of the Chest Physician, who in turn passes on information to the health visitors regarding the clinical condition and discusses cases with them at periodic meetings. During 1951 the health visitors attended regularly at Chest Clinic sessions with the idea of becoming known to the patients and being accepted as part of the Chest Clinic team. Unfortunately, while it was hoped that at a particular session patients would be called largely from the area of the health visitor attending, difficulties arose, and in view of the fact that the health visitors do not take part in the actual running of the clinic, some doubt has arisen as to whether this can be considered a sufficiently worth while use of the health visitors' time. There is no doubt, however, that valuable contacts were established and that for a limited period the arrangement materially assisted in preparing the health visitors for this important work.

From the administrative re-shuffle of the National Health Service Act, the health visitor emerged with additional and varied responsibilities. Her main role must remain in teaching mothers to look after their young children and, in particular, dealing with feeding problems; her duties at the clinic are essentially an extension of her work in the home. However, she is gradually, but inevitably, being looked upon more and more as an advisor in health matters to the household as a whole, and the opportunities for health education in this connection are immense.

Of the six members of the health visiting staff who commenced the Parentcraft Teaching Course in 1950, four completed the course and were successful in passing the examination in April, 1951.

The following table gives a summary of home visits paid by Health Visitors from 1921 to 1950:—

Year.	Children.		
	—1	1—5	Total.
Average			
1921—1925	2,090	1,910	4,000
1926—1930	1,596	2,013	4,609
1931—1935	3,396	6,168	9,564
1936—1940	3,236	5,258	8,494
1941—1945	4,205	6,333	10,538
1946—1950	9,964	9,888	19,852
1946	8,156	8,900	17,056
1947	6,056	3,764	9,820
1948	9,009	9,661	18,670
1949	12,792	11,666	24,458
1950	13,804	15,450	29,254
1951	11,770	14,257	26,027

SECTION B(4).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 25.—HOME NURSING SERVICE.

HOME NURSING SERVICE.

The Council employs a Superintendent Home Nurse and the equivalent of up to 16 home nurses of which 14 at the end of December, 1951, were full time.

Once again the demands made on the service almost throughout the year exceeded the supply of nursing labour available. The number of Home Nurses is governed each year by the provision in the financial estimates.

It should be emphasised that the Home Nursing Service is now staffed entirely by qualified (i.e., State Registered or State Enrolled Assistant) nurses. The "cottage nurse" of the not so distant past no doubt did good work, but her limited professional training of necessity imposed restrictions on her sphere of usefulness. Outwardly the most obvious benefit since the Local Authority assumed responsibility in July, 1948, has been an increase in the numbers to whom this service has been made available. Equally important, however, have been the changes in the nature and quality of the services provided. While the Home Nursing Service operates in response to demands made largely by the medical practitioners in attendance, the nature of what is required is influenced by the reputation of the service. General practitioners during recent years have found their pressure of work constantly increasing but fortunately a home nursing service has been made available to ease their not inconsiderable burden. The coming into general use of important therapeutic weapons such as penicillin, and particularly during the past year, streptomycin, has been of the greatest benefit to the sick. It has, however, necessitated a great increase in the number of injections that must be given, and if there were not some organisation available such as the Home Nursing Service, it is difficult to see how the doctors could have made such an extensive use of these modern methods of treatment.

Moreover, while the advent of a National Health Service made a hospital and specialist service available to all members of the community, the pressure on hospital beds and out-patient facilities would have led to serious embarrassment if the hospital authorities had not been able to shed some of the work that they had previously carried

out. In particular, many patients used to attend at hospital for dressings and routine care following operations on the stomach and bladder that necessitated the use or replacement of various forms of appliances. The Home Nursing Service now deals with a fairly large number of cases where patients are discharged from hospital before their operation scars are fully healed. Similarly, patients with colostomy are attended prior to receipt of a belt. Moreover, preparations for radiological examinations such as barium enemata are now often carried out, not in hospital, but by the visiting nurse.

Close association between the general practitioner, the home nursing service, and the hospital almoner is sought to enhance the practical day-to-day working of the three services.

As health education progresses it is encouraging to note that relatives are beginning to appreciate that they can themselves carry out time-consuming procedures such as blanket baths if the nurse demonstrates the method. They also are doing more in the way of attention to pressure points, bed making and other simple routine procedures that they themselves can carry out between the nurse's visits. In this way it has been possible for more continuous care to be afforded to acutely ill patients where special nursing is essential. A rather curious development has been the reduction in the number of enemata that nurses are asked to give. Although the nurses do carry out "last offices" for those persons that they were attending if this is requested, this service cannot be extended in the present staffing difficulties.

A constant aim has been both to improve the scope of the service provided, but, at the same time, to eliminate calls where skilled attention is not necessarily required. Even so, much time is still spent on weekly visits to semi-ambulant old people, some living alone, for the sole purpose of a blanket bath. Naturally, however, when there are more urgent calls, or staff are away sick, these cases may have to be visited less regularly.

The following tables will show the extent to which the Service was used month by month throughout the year:—

NUMBER OF CASES TREATED.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.	
New Cases treated monthly	**228**	**178**	**174**	**131**	**151**	**123**	**110**	**144**	**117**	**151**	**116**	**115**	**1,738**	3,797
From previous month ...	**158**	**174**	**168**	**178**	**176**	**168**	**171**	**159**	**172**	**178**	**184**	**173**	**2,059**	
Discharged	164	145	124	100	123	97	99	102	86	115	97	87	**1,339**	Total No. of Patients
Died	31	24	28	18	23	9	7	12	14	15	23	21	**225**	(Monthly aggregate)
Hospital	17	15	12	15	13	14	16	17	11	15	7	7	**159**	
Remaining under treatment	174	168	178	176	168	171	159	172	178	184	173	173	**2,074**	3,797

NUMBER OF VISITS PAID.

Monthly Visits. Districts.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
District 1 (Bramford Rd.-London Rd. Norwich Rd.-Whitton) ...	1144	906	985	1101	1123	993	1073	916	870	1029	1047	856	12043
District 2 (Woodbridge-Foxhall-Spring and Bixley Roads)	861	974	906	891	884	792	718	746	959	963	977	989	10660
District 3 (Clapgate Lane-Nacton Road-Felixstowe Road)	996	744	760	675	766	714	800	810	808	835	776	839	9523
District 4 (Stoke-Town Centre)... ...	1011	886	849	652	838	771	671	608	711	861	783	796	9437
Total	4012	3510	3500	3319	3611	3270	3262	3080	3348	3688	3583	3480	41663

The number of cases attended during the year was 1,896. Of these 158 were transferred as continuing cases from 1950; new cases numbered 1,738.

Cases Attended and Total Visits Paid.

Type and Number of Cases.

Acute Medical	Chronic Medical	Surgical	Gynae-cological	Others	Totals	
					Cases	Visits
1,072	385	314	125	—	1,896	41,663

Cases Attended—Type, Age and Sex.

Type.	Male.						Female.						
	Age in Years.						Age in Years.						
	0-4	5-14	15-24	25-44	45-64	65 Up	0-4	5-14	15-24	25-44	45-64	65 Up	Total
Acute Medical	61	64	13	39	78	159	59	50	49	115	135	250	1,072
Chronic Medical	—	—	—	1	20	107	—	—	—	6	51	200	385
Surgical	62	20	4	15	22	55	5	12	8	28	38	45	314
Gynaeco-logical	—	—	—	—	—	—	—	—	15	24	23	63	125
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	123	84	17	55	120	321	64	62	72	173	247	558	1,896

Duration of Nursing Care—completed cases only.

	7 days or Less.	8-28 Days.	1-3 Months.	3-6 Months.	Over 6 Months.	Total.
Totals	1,144	346	132	58	43	1,723

Cases still receiving attention, 31/12/51, 173.

SECTION B(5).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 26—Vaccination and Immunisation.

1. Vaccination.

Age Groups.	Primary Vaccinations. By Drs.	By L.A.	Re-vaccinations. By Drs.	By L.A.
Under 1 year ...	398	41	1	—
1-4 years	72	7	4	—
5-14 years	38	2	27	—
15 years or over ...	143	647	318	129
	651	697	350	129
Totals ...	1,348		479	

2. Immunisation against Diphtheria.

(*a*) The following table gives the number of children who at the 31st December, 1951 had completed a course of immunisation at any time before that date, i.e., at any time since 1st January, 1935.

Age at 31.12.51 i.e., born in year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	Total under 15
Number Immunised ...	241	1,260	861	1,110	1,499	6,705	6,096	17,772
Estimated mid-year child population, 1951 ..	Children under five 9,560					Children 5-14 14,392		23,952

The percentages obtained from this Table indicate that of the children under 5 years in Ipswich, 53% were protected by immunisation, and of the school population, 89%.

(*b*) The following children completed a course of immunisation at Local Authority Clinics:—

Primary immunisation—

Under 5 years of age	853
5 years of age and under 15 years ...	106
Total	959

Secondary or Re-inforcing Injections—

Total for the year	777

(*c*) Children who completed a course of immunisation by general practitioners totalled 672

Secondary or re-inforcing injections ... 138

Grand Total ... 2,546

3. *Immunisation against Whooping Cough.*

Number of children immunised against whooping cough during 1951:—

Gainsborough Clinic	78
Elm Strect and Allington Clinics ...	203
Whitton Clinic	148
	429
Number of children immunised by general practitioners	354
TOTAL	783

(Of the 354 children immunised by general practitioners, 348 were given the combined injections for whooping cough and diphtheria).

SECTION B (6).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 27—Ambulance Service.

In considering the work of the service during the year it is well to remember the difference in the scope of the work which the service has now to carry out, to that which was previously undertaken in pre-war years. The development of the National Health Service has required an efficient system of transport to be built up to serve the increasing numbers of patients. Local Health Authorities were allowed various methods of building up their ambulance services. The policy which has been adopted in Ipswich to purchase new vehicles over a period is now bearing fruit and I am pleased to report breakdowns in the service due to mechanical failure have only occurred on one occasion during the period under review.

As 70% of the work of the service is carried out at short notice it has been necessary to employ the Hospital Car Service to carry out routine work and some concern has been felt about the financial burden which this involves. With a view to increasing the general efficiency of the ambulance fleet, serious consideration has been given to the installation of radio telephony as an improved means of control. A trial of this equipment is to be carried out in 1952.

From time to time the efficiency of an Ambulance Service has been measured by its operating costs and the most popular indicator appears to have been that of cost per mile. As the service operates primarily within the limits of the County Borough area I feel that I must comment upon the use of this figure in assessing efficiency. Few services in the country are run on identical lines, and therefore the value of such figures is doubtful and does not enable a true comparison to be made.

In July of this year the Ministry of Health asked Local Health Authorities to submit costing returns on uniform lines in order that some comparable statistics may be drawn up. The information contained in this return shows that the Ambulance Service is being run at a very favourable overall cost compared with other county boroughs.

The statistical returns for the year have been computed in consequence of the Ministry's definitions, two of which are set out below and will be of interest when studying the attached tables.

"Patient" means one patient carried once in one direction.

"Journey" means a vehicle's round trip from the place where it is based back to that place.

VEHICLES.

A new Bedford ambulance has been taken into service and the Austin ambulance PV 2964 has been sold.

A minimum of time has been lost due to maintenance and at the time of writing the fleet is in a reasonable mechanical condition. As a matter of policy the Council are considering the replacement of Vauxhall ambulance PV 6415, which vehicle is used primarily for long distance work and for conveying cases of a special nature, by an Austin A 125 Ambulance which is particularly suitable for this work.

Arrangements have been made with the East Suffolk County Council whereby the conveyance of patients between Ipswich hospitals and Bartlet Convalescent Home and Felixstowe General Hospital is shared by the two authorities; the Ipswich service conveying patients on Wednesdays and East Suffolk County Council on Mondays and Fridays. Patients outside the County Borough area suffering from infectious disease requiring admission to Ipswich Hospitals, and a proportion of Sec. 24, cases are now conveyed by the East Suffolk County Council.

These arrangements have caused a modification in clerical work and a reduction of overall mileage.

Efforts have been made to regularise the system whereby hospitals request the removal of patients in order that the minimum mileage shall be involved. It is appreciated that hospital authorities do not always receive prior notice of admissions etc., but it is felt that the development of some system whereby one person or authority in the town is responsible for the ordering of ambulance transport would help a great deal in reducing the eventual mileage of the service.

The following ambulances and sitting case cars were in operation:—

Chevrolet	1941	...	20 h.p.	PV. 6709.	Ambulance
Vauxhall	1939	...	25 ,,	PV. 6415.	,,
Austin	1940	...	20 ,,	PV. 6607.	,,
Bedford	1938	...	27 ,,	GV. 4295.	,,

(Returned to E.S.C.C., Jan., 1951.)

Austin	1936	24 h.p.	PV. 2964.	Ambulance
(Withdrawn from service Sept., 1951).				
Bedford	1950	28 ,,	ADX. 165.	,,
Bedford	1951	28 ,,	APV 600	,,
(In service from 2nd Oct., 1951).				
Vauxhall	1949	18 ,,	PV 9081	Sitting Case Car
Vauxhall	1949	18 ,,	PV 9340	,,

STAFF.

In March Mr. John Bedford left the service of this authority on his appointment as County Ambulance Officer, North Riding County Council. Mr. R. G. Jones was appointed Ambulance Officer and took up his duties in June.

The service has been operated during the year by one Ambulance Officer, one senior driver, one mechanic and 14 driver/attendants; the 14 driver/attendants working to the rota of duty set out later in this report. The number of men employed does not allow for any loss of time due to holiday or sickness. The result has been that throughout the whole year the service has been working in excess of capacity and considerable overtime has been necesssary. The employment of an extra driver/attendant would do much to increase the efficiency of the service in particular in the maintenance of the vehicles and ambulance station.

The ambulance station, Wolsey Street, which was converted from railway stables, has been completed up to the first stage, an additional item being the relaying of the yard.

DUTY ROTA.

Mon.	Tues.	Wed.	Thur.	Fri:	Sat.	Sun.
Rest.	8/4	2/9	2/9	2/9	2/9	8/4
2/9	9/8	Rest	8/2	8/2	2/9	2/9
8/4	2/9	Rest	8/4	2/9	2/9	2/9
9/8	9/8	9/8	9/8	Rest	Rest	Rest
Rest	Rest	9/8	9/8	9/8	9/8	Rest
8/4	8/4	8/4	8/4	2/9	8/1	Rest
2/9	2/9	8/4	Rest	Rest	9/8	9/8
Rest	8/4	2/9	9/8	9/8	Rest	2/9
8/2	Rest	8/2	2/9	2/9	8/3	9/8
9/8	9/8	9/8	Rest	9/8	Rest	Rest
2/9	2/9	2/9	2/9	8/4	8/4	Rest
8/4	8/4	Rest	8/4	8/4	8/2	8/2
9/8	Rest	2/9	2/9	8/3	8/2	8/2
2/9	2/9	8/4	Rest	Rest	9/8	9/8

d. TABLES.

The following tables show:—

(1) The miles run by each of the ambulances during the year.

(2) The miles run by the sitting-case cars.

(3) The journeys, patients carried and total mileage run by the ambulances, sitting-case cars and the supplementary services (Hospital Car Service).

(1)

Regd. No.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PV. 6709 (Amb.)	258	284	632	175	383	299	303	428	463	550	600	826	5,201
PV. 6415 ,,	798	862	729	904	752	815	366	372	421	755	241	1,262	8,277
PV. 6607 ,,	1,408	1,490	1,222	1,425	1,662	1,757	1,249	1,357	1,280	1,747	1,027	572	16,196
GV. 4295 ,, †	56	—	—	—	—	—	—	—	—	—	—	—	56
PV. 2964 ,, §	900	647	1,442	1,232	470	1,582	839	166	1,295	—	—	—	8,573
ADX. 165 ,,	1,497	1,908	1,610	768	798	323	711	1,214	1,048	859	1,174	1,708	13,618
APV. 600 ,, *	—	—	—	—	—	—	—	—	—	468	343	68	879
GXY. 824 ,,	—	458	—	—	—	—	—	—	—	—	—	—	458
Totals	4,917	5,649	5,635	4,504	4,065	4,776	3,468	3,537	4,507	4,379	3,385	4,436	53,258

* First time used.
† Returned to E.S.C.C.
§ Withdrawn from service.
GXY. 824—On hire from St. John Ambulance Service.

(2)

Regd. No.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PV. 9081 (S.C. Car) ...	1,728	2,113	1,184	2,311	2,176	2,389	718	1,078	1,214	1,446	1,293	1,740	19,390
PV. 9340 (S.C. Car) ...	1,422	2,381	3,537	1,963	1,768	1,146	1,024	567	438	563	487	1,911	17,207
Totals ...	3,150	4,494	4,721	4,274	3,944	3,535	1,742	1,645	1,652	2,009	1,780	3,651	36,597

(3)

Provision.	Vehicles at 31.12.51	Journeys	Patients Carried	Accidents Attended	Mileage Covered	Mileage 1950
Ambulances	5	3,172	6,349	529	53,258	68,021
Sitting Case Cars	2	2,405	3,117	—	36,597	46,663
Supplementary Service (Hospital Car Service)	*	4,391	4,979	—	39,162	31,902

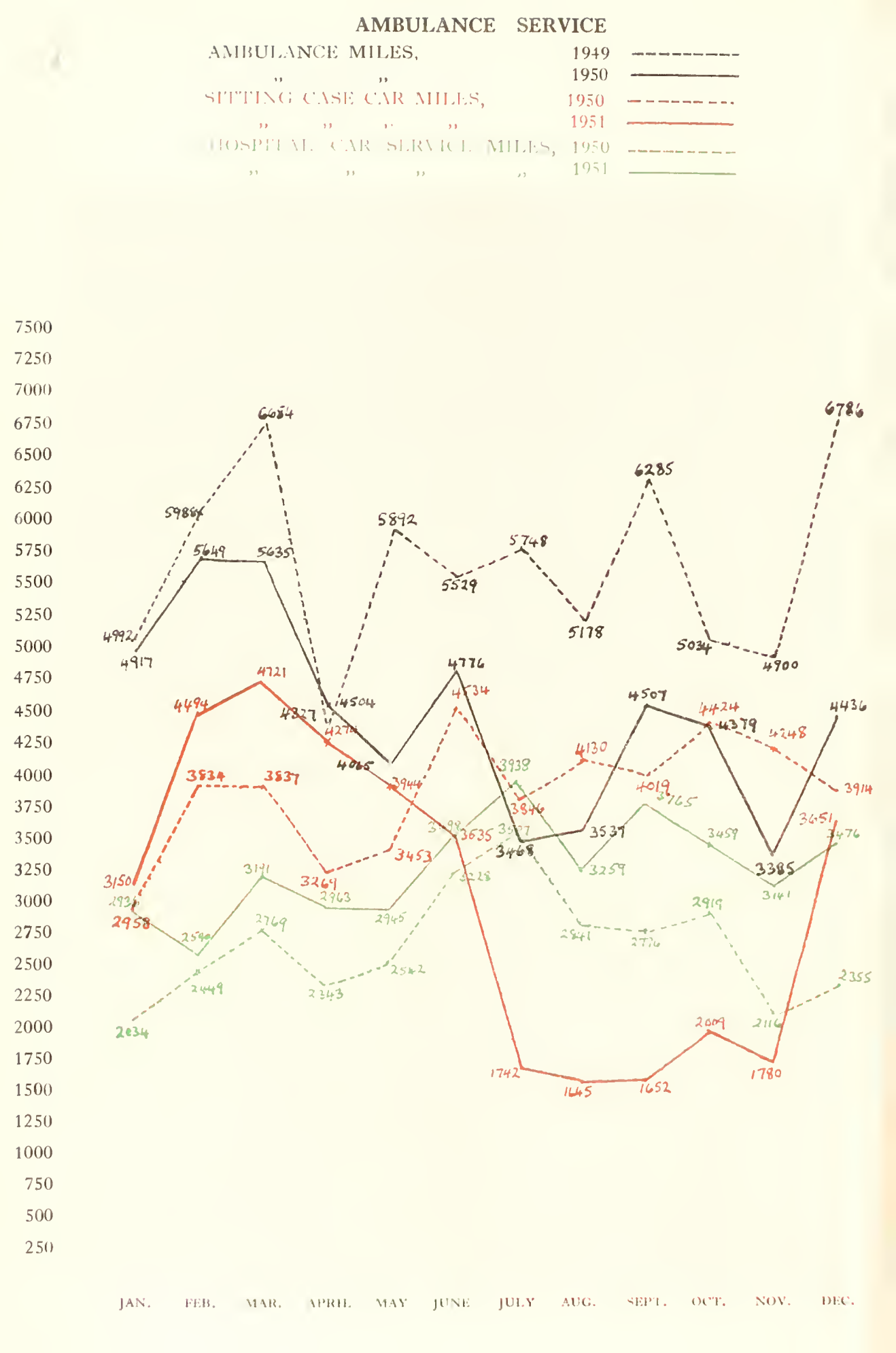
* There are up to 16 Drivers allocated to Ipswich C.B.

e. Hospital Car Service.

The demands made in respect of this service are reflected in the table below.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Journeys	350	343	402	374	393	401	396	337	318	328	363	386	4,391
Cost	£85.12.11	£75.10.8	£91.5.7	£85.15.2	£85.18.1	£102.0.4	£114.17.2	£94.7.11	£107.15.9	£100.17.9	£91.12.3	£101.7.8	£1,137.1.3
Miles	2,936½	2,590	3,191	2,963	2,945½	3,498	3,938	3,259	3,765	3,459	3,141	3,476	39,162
Patients	387	373	426	418	431	449	458	411	386	381	420	439	4,979

AMBULANCE SERVICE



BARTLET CONVALESCENT HOME.

This shuttle service has continued since the middle of June, 1949, and the following table reveals the number of miles run and the approximate number of patients carried during 1951:—

Month.	*Patients carried.*	*Miles run.*
January	148	1,027
February	129	1,046
March	52	413
April	62	423
May	84	579
June	93	481
July	74	422
August	81	446
September ...	50	337
October	78	443
November ...	64	348
December ...	33	210
Totals ...	948	6,175

SECTION B (7).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 28—Prevention of Illness, Care and After-Care.

Patients suffering with Tuberculosis.

Provision of nursing equipment.

Voluntary Seal Sale Committee.

TUBERCULOSIS.

Tuberculosis was once referred to by an eminent physician as a social problem with a medical aspect.

While no doubt poverty, malnutrition, overcrowding and employment in dusty trades predispose to the development of pulmonary tuberculosis, we are concerned rather with those social factors which may be regarded as an integral part of treatment. It should be remembered that treatment may create—or at least precipate—an economic crisis in the family; this is particularly the case where the disease has been diagnosed early by the mass X-ray unit when symptoms are trivial or absent. For this reason, in 1943, the Government introduced a scheme of tuberculosis allowances at fairly generous rates to those with pulmonary tuberculosis who ceased work in order to undergo treatment: this scheme has now been grafted on to the administrative machinery of the National Assistance Board. Allowances are payable to patients with pulmonary tuberculosis at a special rate substantially above the one normally applicable. In exceptional circumstances further allowances may be made to cover insurance premiums, hire purchase agreements previously entered into, etc.

It will be appreciated that if the good results of active medical treatment are to be consolidated, the tuberculous patient is going to need a great deal of financial and other help. Despite the allowances made by the National Assistance Board, there are many needs which must be met either by the Local Health Authority or the local Voluntary Committee affiliated to the National Association for the Prevention of Tuberculosis. Apart from the provision on loan of bed/bedding, one of the principal forms of direct help given by the Local Health Authority under section 28 is in the form of free milk. Unfortunately the scale agreed on a national basis in 1946 would no longer appear to be a suitable index in assessing the ability of patients to afford what to them is an essential element in the treatment of their disease. The number who were in receipt of free milk at the end of the year was only fourteen. It is hoped that these assessment scales will be reviewed shortly and brought into line with the changed economic

circumstances. The Local Authority also contributes towards the maintenance charges of patients who are suitable for rehabilitation at village settlements. There was one patient being trained at the British Legion Village, Preston Hall, and a further patient at Papworth Village Settlement (discharged 28.7.51).

The Ministry of Labour is also prepared to retrain, in suitable cases, workers who have successfully undergone treatment for tuberculosis, and of course the protection afforded by the Disabled Persons Act is of material help. Unfortunately there is no 'Remploy' factory in this area; these factories offer sheltered employment for disabled persons and have enabled cases of tuberculosis to resume work with the minimum risk of further breakdown.

It is most undesirable from a public health point of view that infectious cases of tuberculosis should have to sleep in the same room as other members of the family; young children are exposed to special risk as they are liable to contract tuberculous meningitis. A measure of priority has been given by the Housing Committee to such families.

Several Local Health Authority services are of particular benefit to T.B. cases. The home nurses visit as necessary and an increasing number of hours are being worked by domestic helps in tuberculous families. In 1951 the hours worked totalled 2,878 compared with 1,548 in 1950. It is hoped that the health visitors together with the chest clinic almoner have acted as an effective link between the various official schemes of treatment and after-care and the problems of the individual family.

It is not easy and probably not desirable to pull apart what should be a unified service and try and link up different aspects of the work more particularly with either the Local Health Authority or Hospital Authorities. The Tuberculosis Dispensary, or as it has now been re-named, the Chest Clinic, remains the pivot of the tuberculosis services, although the scope of the clinic has been considerably broadened. Briefly, the chest physician acts as a consultant, examining cases referred by general practitioners, assistant school medical officers, etc. Preventative work includes the examination of contacts of notified cases of tuberculosis and, in particular, all members of the same household. He decides whether the patient requires sanatorium or hospital treatment and regulates admission to hospital beds in his area. The domiciliary patient he sees periodically and advises but normally leaves routine treatment to the general practitioner. He also advises on the after-care and rehabilitation services provided by the Local Health Authority, the Voluntary "Care" Committee and the Ministry of Labour. In some areas, he also carries out immunisation with B.C.G. vaccine where this is considered advisable. B.C.G. vaccination does not differ in principle from forms of immunisation previously carried out by Local Health Authorities except for the fact that X-ray control is necessary.

The following Table shows the notifications of Tuberculosis since 1909 :—

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average 1911–1920	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
Average 1921–1930	79.9	71.9	151.8	29.1	29.6	58.7	109.0	101.5	210.5
Average 1931–1940	66.7	61.3	128.0	16.0	19.0	35.0	82.7	80.3	163.0
Average 1941–1950	52.4	39.2	91.6	14.1	13.0	27.1	66.5	52.2	118.7
1946	54	39	93	14	10	24	68	49	117
1947	51	36	87	8	10	18	59	46	105
1948	48	27	75	11	9	20	59	36	95
1949	42	31	73	11	8	19	53	39	92
1950	79	42	121	6	10	16	85	52	137
1951	93	60	153	13	17	30	106	77	183

AGE AND SEX DISTRIBUTIONS OF THE NOTIFICATIONS OF TUBERCULOSIS, 1951.

Age.	Pulmonary.			All other forms.			Total 1951.			Total 1950.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	Persons.
— 1	—	—	—	—	—	—	—	—	—	—
1— 5	4	5	9	2	—	2	6	5	11	6
5—10	8	6	14	5	4	9	13	10	23	9
10—15	1	2	3	2	2	4	3	4	7	7
15—20	6	5	11	1	1	2	7	6	13	16
20—25	12	13	25	1	2	3	13	15	28	20
25—35	11	18	29	1	2	3	12	20	32	39
35—45	11	6	17	—	1	1	11	7	18	19
45—55	18	3	21	—	4	4	18	7	25	13
55—65	15	2	17	1	—	1	16	2	18	2
65 and over	7	—	7	—	1	1	7	1	8	6
Total ...	93	60	153	13	17	30	106	77	183	137

TUBERCULOSIS DEATH RATE PER 1,000 POPULATION.

	Pulmonary.	*Non-pulmonary.*
1841-1850	3.57	0.35
1851-1860	2.91	0.47
1861-1870	2.83	0.44
1871-1880	2.57	0.47
1881-1890	2.07	0.60
1891-1900	1.74	0.42
1901-1910	1.46	0.36
1911-1920	1.20	0.31
1921-1930	0.83	0.15
1931-1940	0.58	0.11
1941-1950	0.38	0.06
1946	0.38	0.04
1947	0.30	0.05
1948	0.30	0.08
1949	0.24	0.03
1950	0.24	0.04
1951	0.13	0.05

PROVISION OF NURSING EQUIPMENT.

The Local Authority has continued its arrangement with the St. John Ambulance Association in the provision of nursing equipment and apparatus. The Council has helped individually all those cases which could not be served by the St. John Comforts Depot, and a nucleus of equipment and apparatus has been provided.

VOLUNTARY SEALS SALE COMMITTEE.

During 1951 the members of the Voluntary Committee gave serious thought to the reconstitution of the Committee in order to include a somewhat wider sphere of influence.

The raising of money with which the Voluntary Committee carries out its numerous tasks, is confined almost exclusively to the sale of Christmas Seals. In addition to the very welcome donations, the main appeal consists of sending letters to the firms and business houses in the town. It was felt that a personal call by a member of the Committee to follow up the official letter sent out by the Secretary would probably prove of assistance, bearing in mind that the personal appeal is often effective where the letter fails. As a result, the newly formed Committee met for the first time on the 26th November, 1951, with representatives of the Local Health Authority, the Central Committee of Women's Clubs, the Inner Wheel, the Royal College of Nursing, the Women's Co-operative Guild, the Chest Clinic, and the British Legion.

In addition to the normal Seals sale during 1951, on Saturday, 1st December, a street collection was made which resulted in an amount of almost £40.

During the year 42 cases were assisted, and they can almost entirely be classified into the following headings:—

(*a*) Payment of removal expenses when the Council had rehoused the patient.

(*b*) The payment of travelling expenses to enable—(1) parents to visit a child at a remote institution, and (2) a trainee rehabilitation patient to return home for his holidays and at Christmas.

(*c*) Liquidation of certain hire purchase agreements where undue hardship was being caused.

(*d*) The provision of clothing in addition to allowances made by the National Assistance Board.

(*e*) The provision of a chicken at Christmas-time to 30 of the most necessitous cases still remaining at home.

SECTION B (8).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 29—DOMESTIC HELP SERVICE.

The Domestic Help Service presents problems and difficulties in daily administration not encountered in the provision of other services under the National Health Service Act.

The financial basis of the service in Ipswich permits the employment of the equivalent of 20 whole-time helpers for 44 hours, thus giving a gross figure of 880 hours per week. From this must be deducted an allowance for holidays and sick leave—a loss equivalent to 12 days a year which reduces the weekly hours for allocation to 820.

When allocating duties each week, a number of factors have to be considered. The most important is the priority of need of cases requiring assistance. As a general rule, mothers confined at home are given first priority, followed by cases where the mother of a young family is ill. Then the varying types of cases needing part-time assistance; for example, old persons, cases of tuberculosis being nursed at home and others in temporary need.

The helpers have to be considered, not only as full-time and part-time, but if part-time, the periods during which they are prepared to work. The geographical siting of their homes must be considered in order to reduce, as far as possible, wasteful travelling time, and travelling expenses which are reimbursed. Then comes the restriction on the maximum hours per week permissible to keep within the financial estimate. In this respect thought has to be given to the need for conserving, if possible, during the summer, sufficient time to cover the extra demand that is made owing to temporary sickness during the more severe weather in the winter.

Experience has shown that a service which comprises a large number of whole-time helpers is not always economical. As far as Ipswich is concerned it gave rise to difficulties in providing women with whole-time work, especially where their circumstances were such that they expect to be fully employed week after week. It is clearly impossible to provide a woman with a full 44-hour week when employed on part-time cases because travelling time, for which there is no payment, has to be deducted. At the moment therefore only 6 or 7 full-time workers are employed; the remaining 35 to 36 part-time helpers provide each week service equivalent to that of 20 whole-time helpers. The part-time helpers, many of whom are married and have home responsibilities, give varying periods of duty from 2 to 5 hours a day, spread between 8.30 in the morning and 2 o'clock in the afternoon. The demand for assistance during the mornings where part-time cases are concerned, is, I imagine, universal.

Full-time helps are normally reserved for cases where mothers are to be confined at home. Occasionally they undertake a case where

a mother is ill and there are other young children. Maternity cases are booked in advance and occur at an average of between 16 and 18 per month. One of the difficulties presented by the maternity cases for which I can offer no solution is that such a high proportion come on dates other than those for which they have been booked. As a consequence, the full-time helpers have to be employed on part-time cases pending the confinements necessitating constant rearrangement of the rota. The home help undertakes less than a full week's work, and when a baby does arrive the Organiser is involved in a number of visits with consequent use of time. As illustrative of this, the necessary visits are:—one to the house where the helper is working, in order to divert her; then to the house where the confinement has taken place; finally the other cases to which the helper would have gone in order to advise them of the cancellation. Conversely, a full-time case that terminates abruptly leaves the full-time helper without work until alternative arrangements are made. This does not happen often, but occurs when the patient is admitted unexpectedly to hospital or for personal reasons makes other arrangements. One solution is to register a number of helpers who are prepared to work on a casual basis. Unfortunately in an industrial town such as Ipswich, there are few women who are prepared to work as and when required with a minimum of notice.

Towards the middle of 1950, the full-time domestic helpers were recruited on a basis of a 44-hour week, as opposed to a 48-hour week. That coincided with the introduction of a revised form of time sheet, which showed the hours authorised and provided space in which the householder may enter the hours actually worked. This in turn provided the information necessary for the preparation of the account for payment. At the same time the duties of the Organiser were varied. Emphasis was placed on visits to houses where help was required, more especially those where there was a continuing need, in order to restrict help to essential domestic requirements. These measures are reflected in the statistics of the service for the year 1951. Whilst the hours of duty decreased from 42,659 to 37,269, the number of cases remained substantially the same (approximately 430).

Although the service had a ceiling of 820 hours per week, some restriction was experienced owing to the difficulty of recruiting suitable helpers. It was found possible to employ the appropriate number of helpers almost continuously without, however, the advantage of having a reserve.

In assessing the needs of individual cases a detailed investigation is undertaken by the Domestic Help Organiser. At all times she bears in mind the possibility of relatives giving part-time assistance whilst the service provides the essential coverage.

The hours given to maternity cases attended during the year accounted for 35.3% of the service. I mentioned in my Report for 1950 that these cases maintained an average of some 18 per month.

This year, especially towards the latter end, it was noticed that a proportion of mothers confined at home were seeking part-time, as opposed to whole-time assistance. In one month, of 16 cases booked, no less than 7 requested part-time assistance. From general observation and conversation with this type of patient, there is little doubt that the restriction on the use of the service is due to financial considerations. Whereas full-time assistance is offered, especially where there are young children in the house, the patients themselves are restricting their requests to the time necessary to undertake the washing, cooking and shopping.

Throughout the year there was an increase in requests for domestic help where patients suffering with tuberculosis were being treated at home. The number of helpers willing to work in this type of household is restricted. As a consequence, the help given is dependent mainly upon the number of helpers willing to assist. Many of these cases are of continuing need and during the year they absorbed 2,878 hours, or 7.7% of the work undertaken.

Assistance to old persons presented some difficulty owing to the varying amount of work required in the individual households visited. Whilst some were content with 3 or 4 hours once a week, other cases needed a daily visit of short duration. The travelling time wastage in dealing with such cases is considerable, and the number of helpers willing to undertake three or four part-time cases in a duty of five hours is also limited. Almost all old persons helped are in continuing need. Throughout the year the practice of requiring a bi-monthly certificate was continued. The assistance given to old persons involved about 28% of the service, and co-ordination with the Welfare Services, Home Nursing Service, Almoners at the Hospitals and Officers of the National Assistance Board ensures that the assistance available is allocated to the most necessitous cases.

A number of cases dealt with during the year could be described as "problem families." Although the service to these households was as a consequence of the illness of the mother, the amount of help given in household and budget management, the improvement of cooking techniques, and the organisation of household duties was of a positive nature. There is no doubt that the value of being shown, as opposed to being told, has a salutatory effect on these cases and this was emphasized in expressions of appreciation in writing in several instances.

During the year a number of evening meetings were arranged for the domestic helps. As a general rule they were given a talk on the services administered by the Health Department, with special emphasis on the integration of the domestic help service with other sections. These meetings provide a source of discussion for women working in similar circumstances, but who never meet otherwise because they normally work in scattered households. They also provide an outlet for queries which although presenting major problems to the helpers, can often be simply explained and answered.

DOMESTIC HELP SERVICE.

Monthly statement of cases receiving help and hours of attendance during 1951.

	No. of Cases receiving help at beginning of month. (1)				No. of New Cases during month. (2)				No. of Cases terminated during month. (3)				No. of Cases receiving help at end of month. (4)				No. of Visits undertaken by organiser. (5)	No. of hours of duty performed by helpers. (6)				No. Employed (Full and Part time) (7)
	M	TB	O	T	M	TB	O	T	M	TB	O	T	M	TB	O	T	T	M	TB	O	T	T
JANUARY ...	11	4	52	67	24	—	12	36	13	1	23	37	22	3	41	66	86	907	232	1367	2506	33
FEBRUARY ...	22	3	41	66	15	1	15	31	14	1	11	26	23	3	45	71	86	955	115	1693	2763	33
MARCH ...	23	3	45	71	15	—	14	29	20	—	12	32	18	3	47	68	65	1290	90	1781	3161	33
APRIL ...	18	3	47	68	19	2	10	31	21	—	12	33	16	5	45	66	106	1206	135	1486	2827	33
MAY	16	5	45	66	12	—	22	34	8	1	9	18	20	4	58	82	85	1024	181	1642	2847	33
JUNE	20	4	58	82	12	2	15	29	24	—	21	45	8	6	52	66	97	1056	350	2220	3626	33
JULY	8	6	52	66	9	2	12	23	8	—	4	12	9	8	60	77	88	878	277	1552	2707	35
AUGUST ...	9	8	60	77	16	2	19	37	15	—	16	31	10	10	63	83	84	1256	383	1540	3179	35
SEPTEMBER ...	10	10	63	83	10	—	11	21	12	1	11	24	8	9	63	80	53	653	357	1913	2923	35
OCTOBER ...	8	9	63	80	11	1	17	29	14	3	15	32	5	7	65	77	90	854	369	2464	3687	36
NOVEMBER ...	5	7	65	77	17	—	12	29	10	2	17	29	12	5	60	77	91	1596	177	1584	3357	36
DECEMBER ...	12	5	60	77	16	1	14	31	21	—	15	36	7	6	59	72	85	1482	212	1992	3686	36
TOTALS																	1,016	13,157	2,878	21,234	37,269	—

M—Maternity Case confined at home.
TB—Tuberculous Case.
O—All other Cases.
T—Total.

SECTION B (*g*).

NATIONAL HEALTH SERVICE ACT, 1946.

Section 51—Mental Health Service.

The work of the Mental Health Service has continued throughout the year without any fundamental change in its administrative structure.

The Mental Health Sub-Committee has met, as before, at bi-monthly intervals: it has been composed of seven members appointed by the Health Committee and two members co-opted by reason of knowledge and experience of mental health problems.

The Ipswich Mental Welfare Association has continued to act on behalf of the local health authority, and the Senior Mental Health Officer in the Public Health Department has continued as the Secretary of the Association.

Staff Employed in the Mental Health Service.

Medical.

Medical examination and, where necessary, certification are carried out by the Medical Staff of the department who, in association with the Senior Mental Health Officer, carry out routine visitation of defectives on licence or under guardianship.

Social:

Local Authority:

1. A Senior Mental Health Officer who is also a Duly Authorised Officer (female) under the Lunacy and Mental Treatment Acts.

2. A Duly Authorised Officer (male) who also acts as a Mental Health Visitor.

3. Three part-time Duly Authorised Officers (male) who undertake duty mainly after normal office hours of the Local Authority and at weekends. Two of these are Welfare Officers from the Welfare Services Department and the third is the Chief Clerk in the Public Health Department.

Ipswich Mental Welfare Association.

1. The Secretary of the Ipswich Mental Welfare Association who is also the Senior Mental Health Officer of the Local Authority as mentioned in (1) above.

2. Assistant Secretary of the Association who is also a Mental Health Visitor (female).

3. A Mental Health Visitor (female) who also acts as Home Teacher.

4. A female Supervisor of the Occupation Centre for ineducable children who holds the certificate of the National Association for Mental Health as an experienced teacher.
5. A female Assistant Supervisor of the Occupation Centre.
6. A female Supervisor of women's classes.
7. A male Supervisor of men's classes.
8. A part-time Domestic Help in the Occupation Centre.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As before, this has included the supervision of patients "on trial" and "on licence" both from Mental Hospitals and from Institutions for Mental Defectives and has been undertaken as and when required by the superintendent of the Hospitals and Institutions concerned. In addition a good deal of psychiatric social work has been undertaken with cases of mental disorder, where this disorder is not always so far advanced as to require the admission of the patient to a Mental Hospital. An account of this is given in more detail below.

Voluntary Associations.

Arrangements whereby the services of the following voluntary associations have been retained have been continued:—

1. As already noted, the Ipswich Mental Welfare Association has been responsible for undertaking work in connection with the Mental Health Service on behalf of the Local Health Authority. These responsibilities have included the organisation of an Occupation Centre, Adult Classes, Home Training, and the regular visitation of defectives living in the community.
2. The Mental After-Care Association, which has provided Holiday Home accommodation and vocational guidance of the mental illness.
3. The National Association for Mental Health, as required for individual cases.

Training of Mental Health Workers.

A male member of the staff of the School Health Service received part-time training in both the administrative, legal and social work pertaining to the Mental Health Service.

Account of Work Undertaken in the Community.

(a) *Under Secton 28 of the National Health Service Act*, 1946:

Care and After-Care of 18 persons has been undertaken under this Section. In five of these cases it was found necessary for arrangements to be made for the patients to enter a Mental Hospital. The majority of these cases have been ascertained by direct application from the patient or a relative to the Ipswich Mental Welfare Association, whilst the rest have been referred by the Mental Hospital for After-Care.

(b) *Under the Lunacy and Mental Treatment Acts by Duly Authorised Officers:—*

Patients admitted to Mental Hospitals:

Forms of Admission.	Males.	Females.	Totals.
Voluntary Patients ...	11	12	23
By Temporary Order ...	19	20	39
By "Three Day" Order ...	—	3	3
By Urgency Order ...	2	4	6
By Summary Reception Order	5	1	6
	37	40	77
Re-admission of licensed patients	2	1	3
Total Removals ...	39	41	80

(c) *Work undertaken under the Mental Deficiency Acts:—*

(i) *Ascertainment:*

	M.	*F.*	*Total.*
Cases reported by Local Education Authority—			
(i) Under section 57(3) ...	5	2	7
(ii) Under section 57(5) ...	7	8	15
Other defectives ascertained during 1951 and placed under statutory supervision	4	2	6
Defectives reported during 1951 but not under statutory supervision ...	6	8	14
TOTAL number of cases reported during the year	22	20	42

Admissions to Institutions—

Males	5
Females	2
	7

Mental Defectives awaiting admission to Institutions:—

	31.12.50.	31.12.51.
Males	10	8
Females	12	14
Total ...	22	22

The shortage of institutional accommodation continues to present a very serious and complex problem. Of the 22 cases at present on the waiting list, 4 are cot and chair cases while 9 are low grade ambulant cases; these 13 urgent cases are all aged under 16 years, and provide a constant strain upon their families and particularly upon their mothers who have often to devote much of their time exclusively to the care of the defective child. It is inevitable that, in such circumstances, the rest of the family are largely neglected, and broken homes and health are a frequent result of these conditions.

It is the low-grade cases such as these for which there is the greatest difficulty in obtaining institutional accommodation. While 7 patients were admitted to institutions this year, only 2 of these were young, low-grade children. Although there were 15 admissions in 1950 and 7 in 1951, the number on the institutional waiting list at the end of each year remained at 22.

(*ii*) *Guardianship and Supervision.*

	Males.	Females.	Total.
Guardianship	3	3	6
Statutory Supervision	117	93	210
Voluntary Supervision	120	111	231
Totals	240	207	447

The following cases are supervised on behalf of the Royal Eastern Counties Institution, Colchester, and Heathfields Institution, Ipswich, from whom they are on licence:—

	Males.	Females.	Total.
Royal Eastern Counties Institution ...	4	11	15
Heathfields	1	10	11
Totals	5	21	26

(*iii*) *Training.*

	Males.	Females.	Total.
Occupation Centre	13	10	23
Adult Classes	9	21	30
Home Teaching	4	25	29
Totals	26	56	82

Occupation Centre.

The Occupation Centre accommodating up to 25 children is open daily except during school holidays. The centre has been particularly valuable during recent years owing to the increasing difficulty in securing institution accommodation for low grade children.

Adult Classes.

Classes for adults are held at 16, Charles Street on the same premises as the Occupation Centre. The handicraft class for men meets each morning when they are employed in simple carpentry, chair caning, basket work, gardening, etc. A primary object of this class is to train mental defectives who, after a period of instruction, may possibly be able to obtain and hold remunerative employment; the majority, however, must be regarded as unemployable.

The corresponding class for women meets twice a week. Various handicrafts are taught, including plain sewing, embroidery, knitting, and weaving on small looms. As in the case of the men who attend classes, every endeavour is made to obtain suitable employment for the women, and a few successful placements have been possible. A number of mental defectives in regular or part-time domestic service continue to attend the class which affords a meeting place to which they can come during their free time. It should be borne in mind that many of the women attending the classes are physically as well as mentally handicapped. Some of them had, before admission to the class, shown behaviour difficulties which the opportunity for organised occupation and companionship has done much to alleviate.

SECTION C.

Prevalence of, and control over, Infectious and other Diseases.

The following Table gives (a) Number of cases of Infectious Diseases notified in Ipswich during 1951; (b) The notification rates per 1,000 living in 1951; and (c) the number removed to Hospital.

The numbers of cases notified in 1950 are given for comparison.

	AGE GROUPS.										Total	1950 figures	Notification rates 1951	Removals to Isolat'n Hosp.	Mortality rate for whole Boro'.
	0—	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65 +					
Scarlet Fever	—	3	2	4	4	30	5	2	—	—	—	—	50	153	0.48	5	—
Diphtheria	—	—	—	—	—	—	—	—	—	1	—	—	1	7	0·01	1	—
Pneumonia	3	—	—	1	—	1	2	1	4	4	10	12	38	16	0·36	—	0.58
Puerperal Pyrexia ...	—	—	—	—	—	—	—	1	27	5	—	—	33	8	0·32	32	—
Erysipelas	—	—	—	—	—	—	1	—	1	—	8	2	12	21	0·11	1	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	1	0.01	1	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice ...	—	1	3	4	16	115	80	29	55	20	8	2	333	407	3·20	5	0.01
Poliomyelitis	—	—	—	—	—	1	1	2	1	1	—	—	6	4	0.06	6	0.02
Measles ...	17	70	94	107	148	459	48	12	8	11	2	—	976	1771	9.38	5	—
Whooping Cough ...	52	50	63	62	70	185	5	1	—	5	—	—	493	197	4·74	4	—
Malaria ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	0.01	—	—
Paratyphoid(B)	—	—	—	—	—	—	—	—	—	1	—	—	1	—	0.01	1	—
Food Poisoning ...	4	5	5	1	2	8	3	4	1	19	9	13	74	32	0.71	—	—
Dysentery	10	20	30	40	40	196	96	25	75	25	21	7	585	14	5.62	6	—
Total ...	87	149	197	219	280	995	241	77	172	93	58	36	2604	2631	25.04	67	—

NOTE: The figures given in this Table are the "Corrected" ones and agree with the figures submitted to the Registrar-General as to final diagnosis.

THE PREVALENCE OF DIPHTHERIA.

One case of Diphtheria was notified during the year—a female, age 44 years—who recovered. No deaths were recorded.

The following Table provides the main facts with regard to Diphtheria prevalence since 1901 and also the percentage of cases removed to Hospital, together with the case fatality per cent.

Periods.	Notifications.		Removals.		Deaths. Case Fatality of Cases notified per cent.
	Numbers.	Attack Rates per 1,000 living	Numbers.	Proportion per cent.	
1901-1905	428	1.22	185	43	13.5
1906-1910	363	1.01	276	76	12.1
1911-1915	628	1.66	532	84	9.4
1916-1920	1,151	2.97	1,086	94	5.9
1921-1925	736	1.81	708	96	3.4
1926-1930	472	1.10	459	97	5.7
1931-1935	914	2.04	893	97	5.5
1936-1940	363	0.78	355	98	2.3
1941-1945	356	0.82	346	97	4.4
1946-1950	208	0.42	191	94	10.9
1946	140	1.44	134	95	0.8
1947	43	0.43	32	74	7.0
1948	11	0.10	11	100	18.1
1949	7	0.07	7	100	—
1950	7	0.07	7	100	28.6
1951	1	0.01	1	100	—

The following Table shows the behaviour of the Diphtheria death-rates since 1901.

Periods.	Males.		Females.		Persons.	
	No.	Rate.	No.	Rate.	No.	Rate.
1901-1905	30	.18	28	.15	58	.16
1906-1910	27	.15	17	.09	44	.12
1911-1915	35	.19	24	.12	59	.15
1916-1920	34	.18	34	.16	68	.17
1921-1925	9	.04	16	.07	25	.06
1926-1930	18	.08	9	.04	27	.06
1931-1935	26	.12	25	.10	51	.11
1936-1940	5	.02	7	.03	12	.03
1941-1945	5	.02	10	.04	15	.03
1946-1950	5	.02	3	.01	8	.02
1946	—	—	1	.02	1	.01
1947	2	.04	1	.02	3	.03
1948	1	.02	1	.02	2	.02
1949	—	—	—	—	—	—
1950	2	.02	—	—	2	.02
1951	—	—	—	—	—	—

VENEREAL DISEASES.

The Venereal Diseases treatment centre for Ipswich is held at the East Suffolk and Ipswich Hospital.

Table I. shows the number of Ipswich patients dealt with for the first time during the year 1951, and Table II. gives the days and hours of out-patient sessions:—

TABLE I.

	No. of Cases.
Gonorrhoea	34
Syphilis	39
Other conditions	189
TOTAL	262

TABLE II.

HOURS OF OUT-PATIENT SESSIONS.		
Day	Males.	Females.
Monday ...	—	6.00— 8.00 p.m.
Tuesday ...	5—7.00 p.m.	2.30— 5.00 p.m.
Wednesday ...	—	—
Thursday. ...	—	10.30—12.30*
Friday. ...	1—2.30 p.m.	2.30— 5.30 p.m.

* Women and children.

MASS RADIOGRAPHY UNIT.

It will be recalled that the Mass Radiography Unit visited Ipswich July, 1950 to January, 1951. It is now possible to review the work done by this specialist unit, which it is hoped will re-visit the town periodically. In all, 25,355 persons were examined at the Ipswich centre, but although 60 active cases of pulmonary tuberculosis were brought to light as a result of this survey, there is an aspect of this routine examination which cannot be brought out in cold figures. The fact that only 0.23% of those examined showed signs of active disease means that the remainder can have the direct assurance that their lungs at the time of examination showed no reason for alarm. Although it is right that the public should be conscious of the dangers of tuberculosis, which is still the major killing disease of young people,

it is equally necessary that people who are fit should be able to lead their lives in confidence that they are themselves free from infection.

The routine procedure, which was explained to those volunteering for examination, was that they should re-attend for a full scale X-ray if there was any abnormality whatsoever in the original miniature. Rather over half of those having this further X-ray, were subsequently recalled for full examination by the medical director of the unit and in most cases observation or treatment of those persons was undertaken at the Ipswich Chest Clinic.

	No. of persons examined by miniature X-ray.	No. recalled for Large Films.	No. recalled for Clinical Interview.	No. failed to attend for Clinical Interview.
Males ...	15,661	709	409	15
Females	9,694	275	136	2
Total ...	25,355	984 (3.88%)	545 (2.15%)	17

Of the 17 cases who were unable to attend the clinical interview with the medical director, 14 of them agreed to have their X-ray photographs forwarded to the chest physician who would arrange for their examination at the chest clinic. Apart from these 17 cases, the chest physician reported that 12 men and 3 women failed to attend the clinic; it is of interest to record that of the 15 persons concerned, 7 appeared to be suffering from non-tubercular disease of the lung.

Active and Inactive Pulmonary T.B. Cases.
Divided into Sex and Age Groups.

Age.	Under 14	14	15-24	25-34	35-44	45-59	60 & over.	Total.
Males.								
No. Examined	89	538	3,086	4,091	3,728	3,417	712	15,661
Active Cases	—	1	5	12	9	9	4	40
Inactive Cases	—	—	11	33	42	66	17	169
Females.								
No. Examined	99	506	4,283	2,013	1,563	1,106	124	9,694
Active Cases	—	—	11	4	4	1	—	20
Inactive cases	—	—	20	21	9	12	—	62
Both Sexes ...								
No. Examined	188	1,044	7,369	6,104	5,291	4,523	836	25,355
Active Cases	—	1	16	16	13	10	4	60
Inactive Cases	—	—	31	54	51	78	17	231

The inactive cases are among people who show evidence of having been infected at some time in the past with pulmonary tuberculosis. Although the disease is quiescent, it is usually desirable that these people are kept under continued supervision.

Of the 231 cases recorded as inactive on initial investigation, 17 later (July, 1951) showed signs that the disease had not been completely cured.

The results shown do not include 46 cases (30 males, 16 females) who had on some previous occasion been diagnosed as suffering from pulmonary tuberculosis.

In addition to the diagnosis of tuberculosis, other abnormalities in the chest were detected:—

Abnormalities of bony thorax and lungs	257
Chronic Bronchitis	45
Atypical Pneumonia	9
Bronchiectasis	22
Pulmonary Fibrosis	19
Pneumokoniosis	11
Basal Fibrosis	202
Pleural Thickening	23
Sarcoidosis	6
Intrathoracic Tumours	15
(Bronchial Carcinoma, 6; Neurofibroma, 1; Cystic Disease, 3; Hydatid Cyst, 1; Dermoid Cyst, 1; Retrosternal Goitre, 2; Secondary neoplasm, 1).	
Cardiovascular lesions: Congenital ...	5
Acquired ...	40
Miscellaneous	75*

* Including Dextrocardia, 2; Exostosis Rib, 2; Multiple Exostosis, 1; Chondroma of Rib, 1.

PARATYPHOID.

It will be recalled that there was an outbreak of paratyphoid in December, 1951, in the Stowmarket area. Enquiries made strongly suggested that most of the cases occurring could be traced to a "carrier" serving behind the counter at a bakery in Stowmarket. As this employee's duties sometimes also involved packing and loading of confectionery destined, among other places, for Ipswich, it was felt that infected cakes might have been sold locally. Fortunately no cases occurred in Ipswich from this source.

The anxiety regarding the Stowmarket outbreak probably had a bearing indirectly on the discovery of a case of paratyphoid at a small nurses' hostel. The position was that four of five resident staff developed symptoms of mild food poisoning; the fifth person living at

the hostel, a domestic, was at the time being treated for a septic thumb with penicillin injections, and there seems little doubt that this small outbreak of food poisoning was due to a staphylococcal infection. One of the members of the staff was affected perhaps a little more severely than the others and reported sick. Enquiries then made brought out the fact that for some days previously she had not been really well, and on bacteriological examination of suitable specimens, it became evident that this woman was suffering from a mild attack of paratyphoid. No connection with the Stowmarket outbreak was traced, and it was later discovered that the strain of the paratyphoid germ was different to that causing the outbreak at Stowmarket. Fortunately no other cases developed at the hospital, although as the patient was a food handler, there appeared a risk of spread to the resident domestic staff and to certain of the nurses.

INFECTIOUS JAUNDICE.

It is now possible to consider in some detail the outbreak of infectious jaundice which occurred in Ipswich from December, 1949 to March, 1952, during which 862 cases are known to have occurred.

The outbreak appears to have been actively spread in the infant and junior schools and reference is made in the report of the School Medical Officer (page 148) drawing attention to the succeeding waves of infection occurring in the Whitton, Priory Heath, and Gainsborough areas of the town. Attacks of jaundice were uncommon under the age of three, and in adults over the age of 55. The highest incidence was among children of 5-12 but infection occurred frequently at all ages up to 45.

Age Groups:	0-4	5-9	10-15	16 *and over*
Infectious Jaundice cases ...	61	388	200	213
Estimated incidence per 1,000 Ipswich population in age group	6.4	49.7	25.7	2.7

SCARLET FEVER.

There was a total of forty-nine cases of scarlet fever notified during 1951; this is unusually low. Although subject to fluctuations from year to year, the total number of cases of scarlet fever seems to have varied little since the disease was first made notifiable.

During the past sixty or seventy years, however, the disease has become transformed entirely in character and even in the past decade scarlet fever has become a still milder infection, differing little in seriousness from tonsillitis and other types of infectious sore throat. An interesting change in practice has occurred of recent years which is possibly a sequel to the changing character of the disease. In 1951 only 22% of cases were admitted to hospital; the corresponding figure for 1938 was 93%.

SMALLPOX.

Immediately following the repeal of the Vaccination Acts the number of babies who were protected against smallpox declined sharply. During 1951, 26% of infants under 12 months were vaccinated and, while this can hardly be considered satisfactory, it shows an improvement over the corresponding figures for the previous two years (11% in 1949; 22% in 1950).

Virulent smallpox has not plagued these islands since the very beginning of the present century, but it nevertheless continues to present a serious health problem in many parts of the world. There is a risk ever present in these days when air travel is becoming almost commonplace that the disease may be brought over from the Middle or Far East by a passenger who, at the time of arrival, appeared perfectly healthy. With the unprotected state of our present population there is no doubt that if the disease once got a hold in this country it would cause a major upheaval of our lives and liberties. It is for this reason that the most stringent precautions are necessary whenever a possible focus of dissemination becomes established.

A case of smallpox was discovered on the 28th December, 1950, which unfortunately had been nursed at a Brighton hospital throughout the preceding ten days without its true nature having been suspected and without, therefore, any special precautions having been taken. It so happened that an Ipswich resident, who was a sister of the matron of this hospital, had been staying in Brighton over Christmas and had visited the hospital and joined in the seasonal festivities. While the lady in question, not unnaturally, did not remember her precise movements there appeared a strong possibility that she might have been in quite close contact with the smallpox case. On her return to Ipswich she carried on with her normal duties as a factory nurse and it was not until New Year's day that she herself realised the risk to which she had been exposed.

All known contacts were immediately vaccinated, including 794 factory personnel. By far the large majority of these were carried out by the Public Health Department, the staff being rapidly organised to put into operation the scheme for mass vaccination. In fact, 661 vaccinations were carried out among the factory employees during the course of 2½ hours, the remaining vaccinations being undertaken later in the day as some of the staff were part-time. It is of interest that there were only 11 refusals.

Although vaccination of the general public was not specially advised, evening clinics were held and practitioners notified of this facility. Fifty members of the Public Health Department staff and a further 80 of the general public were vaccinated during this period. Assistance was also given in the vaccination of certain hospital nurses.

Within a few days two other contacts were ascertained; one had recently visited the hospital at Brighton, but had certainly not been in

any ward where smallpox cases were being nursed. The other—a child—normally lived at a licensed house at Brighton known to have been frequented by one of the cases. As things turned out none of these contacts developed smallpox, though they all reported or were visited each day to ascertain that they remained in good health.

As far as the individual is concerned vaccination is the only protection against smallpox in a severe form; the more recent the vaccination the more certain the protection may be. By vaccinating children in infancy, however, it is not only possible to give them adequate protection throughout their years of childhood, but perhaps more important, it means that should at any time vaccination become imperative the procedure can then be carried out without risk and with very little inconvenience.

DYSENTERY.

An outbreak of Sonne dysentery occurred in Ipswich during the period December, 1950 to June, 1951; in the course of the epidemic 615 persons are known to have become infected.

From the outset information was sought bearing on the spread of Sonne dysentery in the area. The recent high incidence of the disease in the country as a whole presented an epidemiological problem that had not been satisfactorily answered and it appeared a possibility that some particular food had become infected in bulk and was being widely distributed. In any case it was always possible that, during the course of the local outbreak, food might have become infected either in distribution or whilst being prepared. It was decided therefore to investigate a varied selection of foods, including animal and vegetable fats, processed meats, dried fruit and soft drinks: dysentery organisms were not found in the 34 samples examined.

Despite the absence of any direct lead relating to the method of spread, an attempt was made to obtain complete information regarding the number of infected persons in each family, irrespective of whether or not they had developed symptoms. It was hoped thereby that rational treatment of the infection would be secured and that this might at the same time reduce the risk of further spread among the community.

A request was circulated to general practitioners suggesting that they should ask any patient with diarrhoea to submit a faecal specimen for bacteriological examination. As soon as dysentery organisms were recovered from specimens, information was transmitted direct to the Medical Officer of Health so that no delay occurred pending receipt of formal notification. On learning of the existence of one or more cases, the family was investigated, 269 households being visited by both sanitary inspector and health visitor of the district. The health visitor explained the need for submitting specimens from *all* other members of the family; suitable containers were left, together with information regarding the collection of specimens and their return to the laboratory. It was suggested that, after a course of treatment

prescribed by the general practitioner, all positive cases and excreters should send further specimens until it was known that one or more laboratory tests had proved negative. The sanitary inspector was primarily concerned with establishing how the family came to be infected but other information was systematically recorded, such as the age composition of the household and the nature and date of onset of symptoms.

The success of the health visitors' efforts may be judged from the fact that, after a brief initial period when the fashion in these matters was being set, the proportion of persons returning faecal specimens was high and in the later months was maintained at 90 per cent. of persons among all families investigated: the average figure for the outbreak as a whole was 79 per cent. It was therefore felt that though only a proportion—and probably a relatively small one—of cases suffering from dysentery came under observation, the bacteriological picture of the family once a case was reported was fairly complete.

The principal findings and conclusions have been summarised in tabular form. While adults were frequently symptomless carriers, infection in young children was usually, but not invariably accompanied by symptoms (Table I).

TABLE I.

Proportion of Cases to Carriers at Various Ages.

Age Group.	Cases.	Carriers.	Ratio Cases/ Carriers.
0— 4 ...	121	31	3.9 : 1
5— 9 ...	124	33	3.8 : 1
10—15 ...	47	25	1.9 : 1
16 and Over	101	74	1.4 : 1
All ages ...	393	163	2.4 : 1

A routine enquiry was not always made at the homes of infected children excluded from the day nursery and nursery school, as the source of infection was regarded as being the nursery itself. It was noticeable however that, although three consecutive negative specimens were required from the nursery children before re-admission, the proportion of specimens received from the other members of the families who were not visited by health visitor and sanitary inspector was comparatively low; it is therefore possible that, despite adequate courses of treatment, some of the children became re-infected in the home and themselves remained infectious for an unnecessarily long period. The absence of children excluded from nurseries amounted to an average of 49 days in the case of the day nursery and 60 days in the case of the nursery school. It was noted however, that the period of absence frequently exceeded the period during which specimens were known to be positive.

TABLE II.

Incidence of Dysentery Infection in the Homes Investigated.

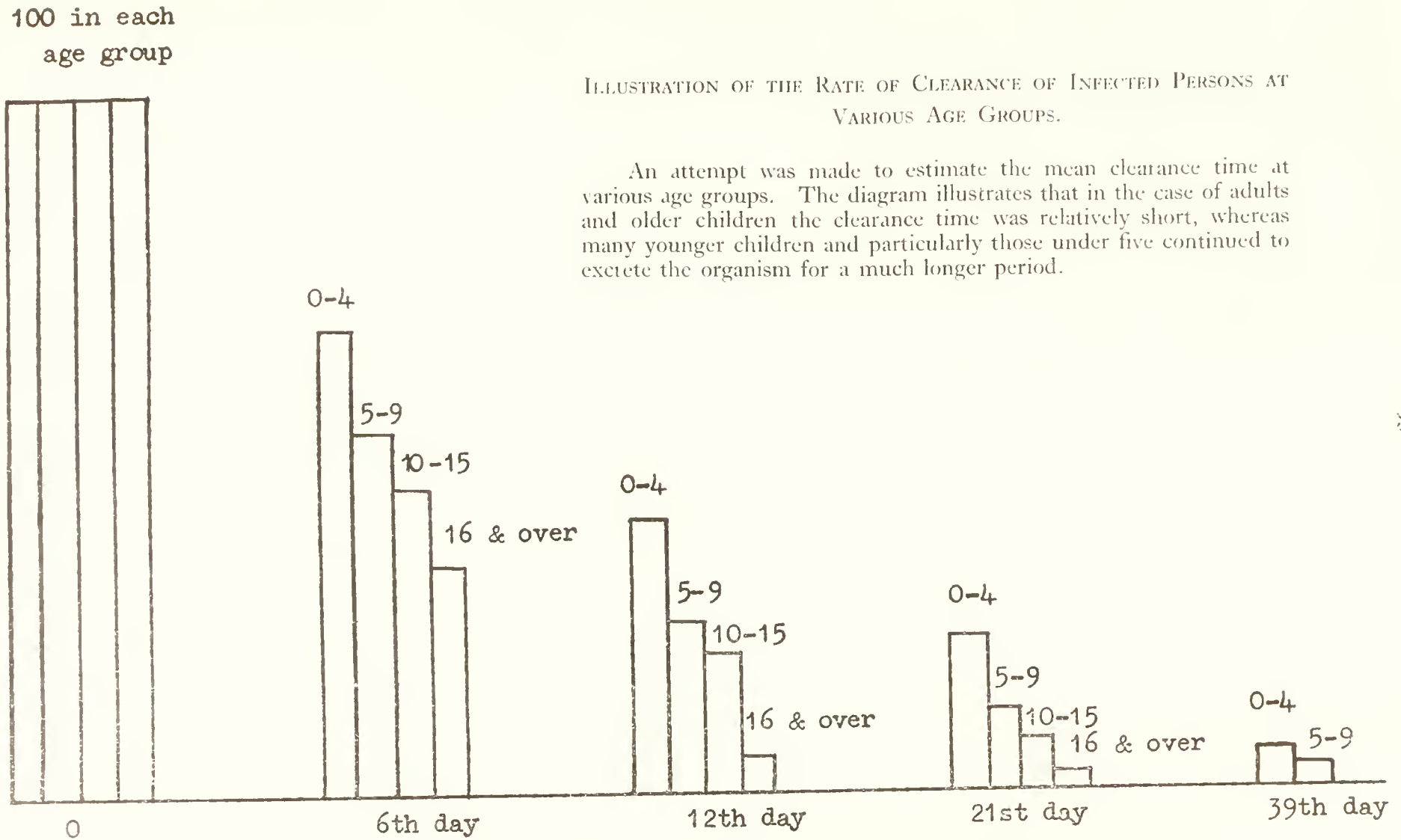
Age Group.	Males.			Females.			Persons.		
	Number examined.	Positive.	% Positive.	Number examined.	Positive.	% Positive.	Number examined.	Positive.	% Positive.
Under 1	6	4	66	15	6	40	21	10	48
1— 4 ...	74	56	76	49	45	92	123	101	82
5— 9 ...	81	66	81	64	45	70	145	111	77
10—15 ...	50	30	60	28	18	64	78	48	62
Under 16	211	156	74	156	114	73	367	270	74
16 & Over	177	50	28	212	85	40	389	135	35

In Table II the observations are restricted to 166 households where all members had returned at least one faecal specimen. The incidence of infection was found to be high among the remaining members of the family, and in particular among children aged 12 months to 9 years. It is of interest that there were only 156 females under 16 years of whom 114 became infected, as against 211 males (156 infected). It may, of course, be that because of greater severity of symptoms a doctor was called in relatively more frequently if a boy rather than a girl was ill. While in age groups under 16 years infection was more frequent in males, the proportion of adult males becoming infected (28 per cent.) is considerably lower than the figure for adult females (40 per cent.), but can easily be explained by reason of the much closer association between the mother and her children.

In the past a great deal of attention has quite rightly been paid to the spread of Sonne dysentery in nurseries and other residential institutions, but little to the spread of infection in the home. Although there are only likely to be one or two young children at risk in any individual family, it is nevertheless evident that dysentery is almost invariably a family infection involving the majority of its members.

Illustration of the Rate of Clearance of Infected Persons at Various Age Groups.

An attempt was made to estimate the mean clearance time at various age groups. The diagram illustrates that in the case of adults and older children the clearance time was relatively short, whereas many younger children and particularly those under five continued to excrete the organism for a much longer period.



SECTION D.

Miscellaneous.

Food & Drugs Act, 1938, cases of food poisoning.
Health Education.
Registration of Nursing Homes.
Children's Homes.
Medical Certification in relation to Adoption.
Medical Examination of Staff.
Meteorological Notes.

FOOD & DRUGS ACT, 1938—FOOD POISONING.

There were 17 scattered cases of food poisoning reported during the year; salmonella infections accounted for 11 of these cases and a further 6 were due to staphylococcal toxins. Small outbreaks of food poisoning are in all probability fairly common, but when the cases are limited to members of a single household they may attract little attention, and do not come to be investigated. Usually the persons affected put their illness down to a "chill," though often no doubt the symptoms are quite rightly ascribed to "something that they have eaten."

As has been described (page 91), there was during the first six months of the year a large outbreak of Sonne dysentery, a disease spread by way of food in a manner very similar to salmonella and other types of bacterial food poisoning. Faecal specimens were examined from over 1,500 persons, who were suspected of having dysentery and the nature of several cases of food poisoning (salmonella) unexpectedly came to light in this way; under other circumstances they would doubtless have passed unrecognised.

One small outbreak caused by staphylococcal toxins is probably very similar to many that were never brought to medical notice. In this case, however, it involved five visitors to Ipswich who were returning by car the same evening to their home in Hertfordshire and because of the incapacitating nature of their symptoms three were admitted to a hospital on the way back.

Tea was the only meal eaten by both the Ipswich hosts and their visitors, and, of the food consumed, salmon and cucumber sandwiches were the only items eaten by all the people becoming ill. The three members of the household who did not partake of the sandwiches remained well, but the other three suffered in a similar way to their visitors. It is probable that the food was infected by the housewife whilst preparing the sandwiches; she suffered from nasal catarrh and the organism was probably transferred from the nose via her fingers.

HEALTH EDUCATION.

(*a*) **Display Stands.**

Display stands are used in the Central Health Department and in the branch clinics and the various topics distributed by the Central Council for Health Education and the Ministry of Information are shown on the stands. Pamphlets and publications of the Central Council for Health Education and the National Association for the Prevention of Tuberculosis and other organisations are placed upon the stands and are available to members of the public who are interested.

(*b*) **Talks and Lectures.**

Talks and lectures have been given by medical officers, health visitors, school nurses and sanitary inspectors. In the main, requests were received from women's clubs, home school associations, first aid associations, men's clubs, youth organisations and for lectures in senior girls' schools. An endeavour was made to provide a lecturer and a lecture to meet the desires of the group concerned, and in order to illustrate the extent of the subjects chosen I set out below a brief resume:—

Food Hygiene.
The Public Health Services.
Home Accidents.
The Health of the pre-school child.
Infectious Diseases.
Physiology.

REGISTRATION OF NURSING HOMES.

This is not a matter falling to be dealt with under the Health Service Act, but under powers contained in Sections 187 to 194 of the Public Health Act, 1936, and is inserted here because it was contained in the Ministry's return.

Homes first registered during the year	—
Homes on the register at the end of the year	2
Number of beds provided for: Maternity	—
Others	29

No action was taken by the Authority during the year other than to carry out routine inspections.

CHILDREN'S HOMES.

General medical services continue to be provided at Freelands Nursery and the Children's Home, 158, Foxhall Road. In addition, periodic medical examinations are now carried out at six-monthly intervals, and the appropriate record cards completed. Children are also inspected prior to admission and before boarding out from these homes. Efforts have been made to ensure that the immunisation state of children in the care of the local authority is kept at a high level.

MEDICAL CERTIFICATION IN RELATION TO ADOPTION.

The Adoption of Children (Summary Jurisdiction) Rules, 1949, state that before an Order is granted, the Court shall require the child to be medically examined in all cases. A certificate must refer to the physical and mental health of the child and must begiven by a registered medical practitioner. It has not, however, been deemed necessary to require a medical certificate where the applicants are relatives of the child and might therefore be expected to have knowledge of the child's medical history and background. While the medical officers of the department are called upon to provide large numbers of medical examinations with the appropriate certificates for various departments of the Corporation, it is regretted that it is rarely seen fit to refer children for the statutory medical certificate prior to adoption, as this above all others, is a certificate which, before completion, should demand the most careful examination and fullest independent enquiries.

Much information is available in the files of the Public Health Department which might be of the greatest value in forming a considered opinion and preventing tragedies where the child's disability is only evident to the adopter after Court proceedings have been completed. While, notwithstanding an unsatisfactory medical report, the applicants may be prepared to undertake the responsibility of adoption, it is highly desirable that they should be acquainted with all material facts which may affect the mental or physical health of the child—e.g., where the mother was a mental defective. It is desirable that local authority placings should not take place without the same degree of care as that taken by adoption societies. These generally require the completion of a most detailed medical certificate, the questions being framed so that the examining doctor must turn his mind to every aspect of the medical history and conditions which might have a bearing on the child's subsequent development.

MEDICAL EXAMINATIONS.

MEDICAL EXAMINATIONS OF STAFFS CARRIED OUT 1ST JANUARY-31ST DECEMBER, 1951.

Type of Examination.	
Superannuation	190
Council Sickness Scheme	79
Public Service Vehicle (statutory) ...	27
New Entrant	95
Determination of Fitness	18
Freedom from Infection	12
For other Authorities	4
	425

Personnel of Departments.

Transport Department	143
Borough Surveyor's Department ...	94
Education ,, ...	52
Public Health ,, ...	62
Welfare ,, ...	13
Borough Treasurer's ,, ...	9
Parks ,, ...	8
Town Clerk's ,, ...	8
Waterworks ,, ...	5
Children's ,, ...	9
Police (civilian employees)	6
Libraries	6
Cemeteries	5
Other Departments and Authorities ...	5
	425

NATIONAL ASSISTANCE ACT, 1948.

Section 47.—Removal to suitable premises of persons in need of care and attention.

No action was taken under this section during 1951.

METEOROLOGICAL NOTES, 1951.

It is of considerable interest to include meteorological data in the Annual Report of the Medical Officer of Health. I have very much pleasure, therefore, in setting out below details and figures which have been very kindly supplied to me by Messrs. Walter J. and Alfred G. Glenn, who are Fellows of the Royal Meteorological Society, and who maintain a voluntary meteorological station in Ipswich. The height of the station above mean sea level is approximately 145-ft.

All instruments used in the compilation of the appended table are equipped with N.P.L. certificates of accuracy. Readings are taken daily at 9 a.m. and the maximum and minimum temperatures, as well as the rainfall, refer to the preceding 24 hours. In accordance with official practice, the readings of the minimum thermometers are credited to the day on which the observation is made, whereas the readings of the maximum thermometer and the rain-gauge are credited to the previous day.

With the exception of the grass temperature, all the temperatures referred to in the appended summary are sited in a standard Stevenson screen, giving what is commonly known as the "shade temperature." The grass thermometer, fully exposed at night an inch or two above short grass, does not so much indicate the temperature of the surrounding air at that level as to register the temperature to which the thermometer itself has been reduced through loss of heat by radiation.

It gives, therefore, some indication of the temperature to which an object—freely exposed to the sky—has been subjected. A ground frost is not reckoned to have occurred unless the grass thermometer has fallen to 30 deg. F. or less—2 deg. or more below freezing point—that being the temperature at or below which damage to the tissues of growing plants may be caused.

As regards the 1951 temperatures, a feature was that—following a very short burst of warmth in April, when the screen temperature reached 74 degrees—the summer was a comparatively cool one. The highest screen temperature was only 82 degrees, as compared with 88 degrees the previous year and, whereas the summer of 1950 produced nine days with screen temperatures of 80 degrees or over, in 1951 the 80 degree mark was only reached or exceeded on one occasion.

Ground frosts were more prevalent in 1951 than in 1950, particularly during the early part of the year, and the total throughout the year was 95 as compared with 86 in 1950. The last frost of the 1950/1 season occurred as late as July 5th and the first of the 1951/2 season was on October 9th. Thus, only two months—August and September—were entirely free of frost.

As regards rainfall, the appended table shows, in addition to the total and heaviest fall in each month, the total number of rain days each month. For official purposes a "rain day" is logged whenever the total rainfall for the 24 hours ending 9 a.m. exceeds 0.01 ins. Taking 0.01 ins. as the criterion, the longest rainy and dry spells of 1951 were as follows:—

Longest rainy spells (inclusive dates):—

19 days—February 3rd to 21st.

14 days—October 28th to November 10th.

10 days—March 31st to April 9th.

Longest dry spells (inclusive dates):—

15 days—September 28th to October 12th.

14 days—May 27th to June 9th.

12 days—April 15th to 26th.

10 days—June 28th to July 7th.

The 15-day dry spell in September/October qualified for the official description of an "absolute drought," but apart from this the year was generally a wet one—particularly during the late winter and early spring. February—normally one of the driest months of the year despite its reputation of "fill-dyke"—produced, in fact, the longest rainy spell of the year.

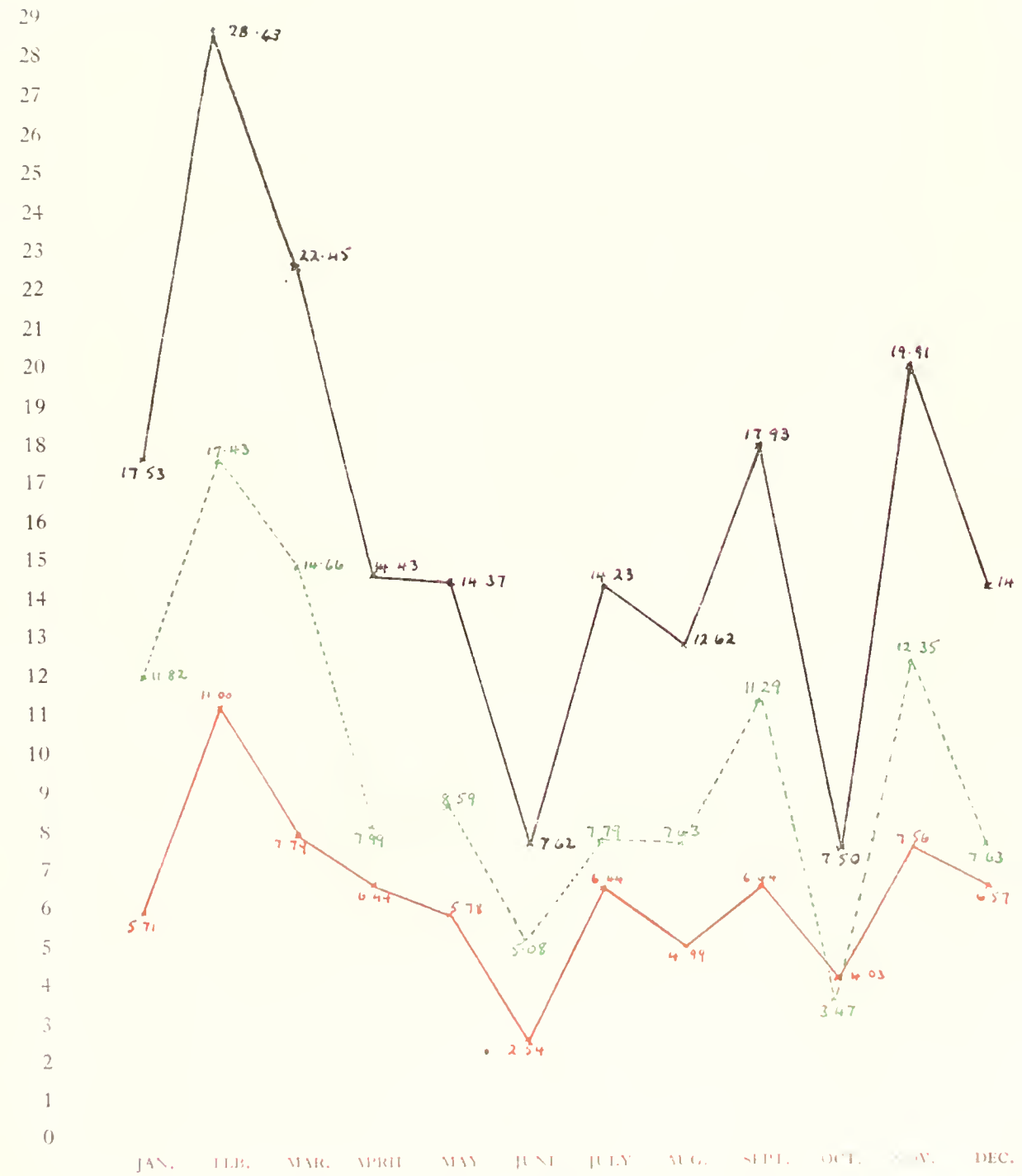
The total rainfall for the year—29.37 ins.—was about 20% above the normal for the district.

ATMOSPHERIC POLLUTION 1951

TOTAL ——————

SOLIDS DISSOLVED ——————

UNDISSOLVED



METEOROLOGICAL SUMMARY, 1951.

	TEMPERATURES.								RAINFALL.			
	In Screen.				On Grass.							
	Highest Maximum		Lowest Minimum		Lowest Maximum		Highest Minimum		Lowest Minimum	No. of Ground Frosts	Total	Greatest fall in 24 hours		No. of rain days
	°F.	Date	°F.	Date	°F.	Date	°F.	Date	°F.	Date		Inches	Ins.	Date	
January	52	17th	20	30th	32	29th	46	21st	14	28th	14	1.72	0.36	5th	16
February	49	12th, 18th, 19th	26	1st, 28th	38	14th	40	17th	14	28th	16	3.41	0.51	9th	22
March	57	22nd	22	31st	35	9th	48	23rd	12	31st	12	2.98	0.46	16th	19
April	74	25th	30	18th	45	29th	42	4th, 7th	20	18th	16	3.15	0.88	8th	16
May	71	24th, 25th	36	5th	47	8th	51	21st	27	3rd, 12th	6	2.28	0.57	1st	14
June	76	14th, 21st	39	4th	56	26th	58	14th	27	8th	3	0.78	0.45	11th	9
July	82	28th	43	5th	62	24th	61	3rd, 31st	30	5th	1	2.72	1.89	12th	9
August	77	2nd	45	17th	62	11th	61	1st	38	15th	—	2.90	1.13	6th	17
September	79	4th	41	22nd	58	18th	62	5th	33	22nd	—	2.97	0.61	27th	13
October	65	16th	32	24th, 25th	45	22nd	56	2nd	22	25th	10	0.64	0.21	31st	8
November	60	6th	30	26th	43	26th	50	6th, 17th	22	4th	7	3.98	0.92	24th	24
December	53	5th, 16th	19	13th	39	31st	47	5th, 17th, 19th	11	13th	19	1.84	0.58	28th	14
Year	82	July 28th	19	Dec. 13th	32	Jan. 29th	62	Sept. 5th	11	Dec. 13th	95	29.37	1.89	July 12th	181

SECTION F.

SANITARY CIRCUMSTANCES OF THE AREA.

1.—WATER SUPPLY.

(i) *Supplies Statistics.*

The Water supply for the whole of Ipswich has been in every way satisfactory as regards quality, and in quantity.

The total quantity of water pumped during the year was 1,312,374,000 gallons, against 1,335,009,000 in the previous year, showing a decrease of 22,635,000 gallons.

(ii) *Purity.*

Bacteriological and chemieal examinations are made of the raw water at the pumping stations and at the reservoirs after ehlorination.

During the year, 76 samples of water were examined by the Publie Analyst, 74 being from the town's supplies and 2 from shallow wells.

The copy of a certificate of analysis of waters sampled by the Publie Analyst shown on page 103 ean be taken as an average of results shown over the whole year.

(iii) *Plumbo Solvency.*

None of the Ipswieh waters is plumbo solvent.

(iv) *Potential Contamination.*

Persons to be employed at the pumping stations are required to pass a medical examination to the satisfaction of the Medieal Officer of Health before commeneing duties.

(v) Number of dwelling houses supplied from public water mains in Ipswich in 1951 was 31,552. These are mostly supplied direct. Bulk supplies by meter are also afforded to R.N. Barracks, Shotley, to the Samford R.D.C., to villages on route to Shotley and to Bramford in the Gipping R.D.C.

I am indebted for much of the above information to Mr. John B. Storey, A.M.I.C.E., M.I.MUN.E., A.R.I.C.S., Borough Surveyor and Water Engineer.

2.—CLOSET ACCOMMODATION.

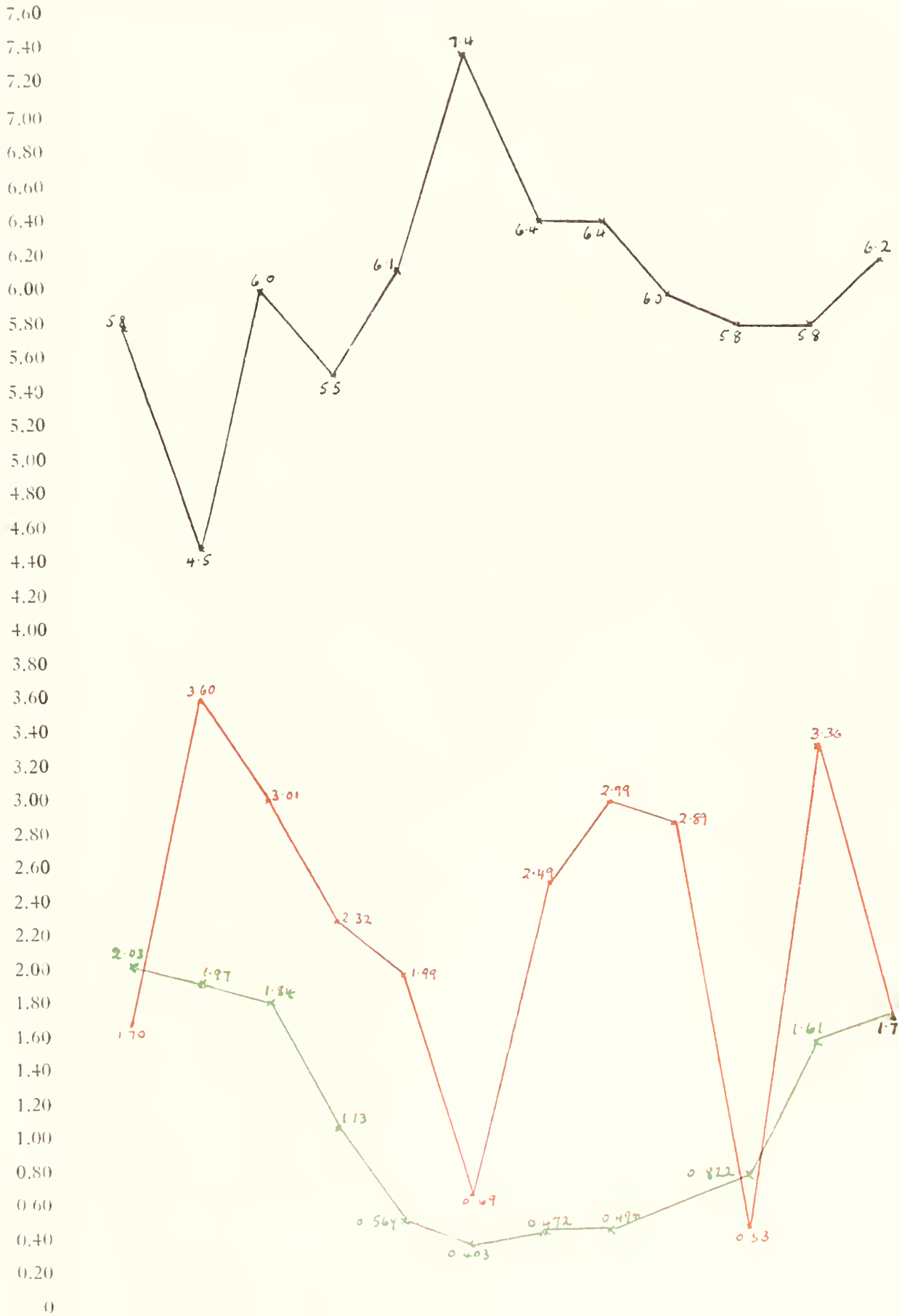
All premises are served by water elosets except a few on the outskirts and unsewered parts of the Borough.

ATMOSPHERIC POLLUTION—1951

(*a*) Ph. Value ... ———

(*b*) Rainfall in Inche ———

(*c*) Weight of SO collected ———



W. Lincolne Sutton, F.R.I.C.
Eric C. Wood, Ph.D., A.R.C.S., F.R.I.C.
Public Analysts.

Clarence House,
6, Clarence Road,
Norwich.

20th March, 1951

CERTIFICATE OF ANALYSIS OF WATER.

6 Samples collected from Ipswich public supply by E.C.W. on the 2nd March, 1951. No. 2135 B.

Mark or Seal as under. The chemical results are stated in parts per million.

No.	Distinctive No. or Label.	Nitrogen.		Chloride as Chlorine.	Nitric Nitrogen.	Nitrous Nitrogen.	Hardness (Soap Test).			Bacteriological Results.		Physical Characters and other data.
		Ammoniacal.	Albuminoid.				Temp.	Perm.	Total.	Colonies per ml. on agar at 37° C.	Bacillus Coliform Absent in	
13	Waterworks St. Well	nil	trace	40	5.6	nil	284	104	388	nil	100 ml.	
14	Spring Rd. Resvr.	nil	0.01	40	5.2	nil	266	106	372	,,	,,	
15	Park Rd. Resvr.	nil	trace	38	4.8	nil	264	104	368	,,	,,	All bright and clear.
16	Whitton Well	nil	0.02	36	4.0	nil	264	104	368	1	,,	
17	Westerfield Well	nil	trace	60	5.2	nil	252	108	360	nil	,,	
18	P.H. Dept. Tap.	nil	trace	38	4.4	nil	262	106	368	,,	,,	

Remarks:—All these waters are of high organic quality and their bacteriological condition is excellent. These waters are very suitable for all the purposes of a public supply.

LINCOLNE SUTTON & WOOD,

(*signed*) Eric C. Wood.

3.—SANITARY INSPECTION OF THE AREA.

The Chief Sanitary Inspector, Mr. H. L. Baty, reports as follows :—

Analysis of Inspections.	1951
Private Houses	3,082
Houses visited or measured for "Permitted Number"	14
Caravan Dwellings	33
Common Lodging Houses	3
Houses with reference to application for Council Houses	680
Damp Houses	103
Overcrowded Houses	161
Verminous Houses	213
Total Inspections of Housing conditions	4,289
Slaughter-houses	1,318
Butchers' Shops	323
Cowsheds	15
Dairies and Shops Selling Milk	257
Bakehouses	208
Ice Cream Premises	314
Fried Fish Shops	143
Cafés and Restaurants	135
Wholesale Food Warehouses	189
Miscellaneous Food Premises	601
Food Inspections at Office	117
Total Inspections with reference to Food ...	3,620
Visits after Infectious Diseases	974
Shops	399
Factories (Power and Non-power)	141
Schools	40
Places of Entertainment	8

Analysis of Inspections—*continued.*	1951
Offensive Trade Premises	2
Complaints Investigated	1,491
Visits *re* Works in Progress and Completed ...	2,115
Interviews at Office	2,558
Port Health Work	308
Offices	6
Miscellaneous Inspections	1,269
Total of other Inspections	9,311
Total Inspections made during the year	17,220

Analysis of Work Carried Out.	1951
Drains inspected	428
Drains smoke tested	106
Drains water tested	3
Drains unblocked and cleansed	133
New drains constructed	19
Drains repaired	66
New gullies fixed	9
Inspection chambers provided	11
Inspection chambers repaired	23
Vent Shafts repaired	6
New vent shafts provided	3
New water-closets provided	4
New water-closet pans provided	46
New seats fixed to water-closets	20
Water closet seats repaired	2
Water-closets cleansed	5
Water-closets repaired	16
New flushing apparatus provided	2
Flushing apparatus repaired	29
New flush pipes fixed	1
Flush pipe joint repaired	5
New sinks and waste pipes provided	19
Cesspools cleansed	15
Lavatory basins provided	12
Bathrooms provided	3
Total Drainage Works carried out	986

Analysis of Work Carried Out—*continued.*	1951
Chimney stacks repaired	14
Roofs repaired	134
Roof-gutters repaired or renewed	9
Rain water pipes and eaves-gutters repaired or renewed	74
Brickwork repointed	19
Dampness remedied	13
Yards re-paved or yard pavings repaired ...	4
Walls cement rendered	17
New floors provided	13
Floors repaired	30
Ceiling plaster repaired	55
Wall plaster repaired	67
New fireplaces provided	6
Fire grates repaired	19
New Coppers provided	2
Coppers repaired	4
Sash-cords renewed	32
Windows repaired	33
New Doors Fixed	3
Doors repaired	12
Ash Bins provided	18
Lighting improved	3
Ventilation improved	10
Miscellaneous repairs	11
Total works carried out to Houses	602
Premises redecorated	9
Dirty houses cleansed	2
Dirty persons cleansed	5
Removals of refuse and manure	23
Sulphur dioxide fumigations	9
Liquid insecticide treatments	127
Total of other works carried out	175
Total works carried out during the year ...	1,763

PROGRESS OF NOTICES.

Preliminary Notices Served	339
Preliminary Notices Completed	323
Statutory Notices Served	1
Statutory Notices Completed	1

SHOPS AND OFFICES.

Inspections under the Shops Act, 1950 have been made as follows:—

Visits	399
Re-Visits	35
Number of premises where additional or improved sanitary conveniences were provided	2
Number of premises where washing facilities were provided	12

CAMPING SITES.

Three licensed caravan sites were in use in the Borough during 1951.

SMOKE ABATEMENT.

During the year, 61 routine observations were made of 32 premises, of which 52 observations were satisfactory. The remaining 9 observations (on 4 premises) were not entirely satisfactory and discussions are taking place with the occupiers of the premises concerned with a view to improvements being made.

Twenty-three other complaints were investigated during the year and some improvement was obtained in a few cases by better stoking methods and in one case by increasing the height of a chimney.

SWIMMING BATHS AND POOLS.

There has been no change during the year in the facilities for public baths in the Borough. Conditions remained satisfactory.

ERADICATION OF BED BUGS.

Number of Council houses found to be infested ...	27
Number of other houses found to be infested ...	54
Number of Council houses disinfested	27
Number of other houses disinfested	54

There has been no change since last year in the procedure for dealing with bug infestation.

SCHOOLS.

Forty routine visits were made to the schools during the year.

EXHUMATIONS.

One exhumation under Home Office Licence was carried out under the supervision of this department.

LAND CHARGES ACT.

1,435 enquiries under this act were dealt with.

HOUSING.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1)	(a)	Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts	2,423
	(b)	Number of inspections made for the purpose	4,538
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	21
	(b)	Number of inspections made for the purpose	21
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	282

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	179

3.—HOUSING ACT, 1936, PART IV. OVERCROWDING.

(a)	(i.)	Number of dwellings overcrowded at the end of the year	30
	(ii.)	Number of families dwelling therein ...	35
	(iii.)	Number of persons dwelling therein ...	266
(b)		Number of new cases of overcrowding reported during the year	16
(c)		Number of cases rehoused during the year	23
(d)		Number of persons concerned	136

NOTE.—In previous years "nil" figures have been shown under certain headings. To save space this year, headings with a "nil" return have been entirely deleted.

INSPECTION AND SUPERVISION OF FOOD.

1. MILK SUPPLY.

(a) Inspection of dairies under the Milk and Dairies Regulations, 1949.

Number of dairies on register	22
Number of distributors on register	24
Number of visits to dairies and shops selling milk ...	257
Number of dairies improved structurally	2

(b) Bacteriological examination of milk.

Number of samples taken—school milk	26
Number of samples taken—non-designated milk ...	24
Number of samples taken—designated milk	117
Number of samples taken for biological tests for tubercle bacilli, etc.	22

(c) Milk (Special Designations) (Pasteurised & Sterilised Milk) Regulations, 1949. Milk (Special Designations) (Raw Milk) Regulations, 1949.

Number of Dealer's (Pasteuriser's) Licenses issued ...	3
Number of Dealer's Licenses issued authorising the use of the special designation "Pasteurised"	14
Number of Supplementary Licenses issued authorising the use of the special designation "Pasteurised" ...	2
Number of Dealer's Licenses issued authorising the use of the special designation "Tuberculin Tested" ...	15
Number of Supplementary Licenses issued authorising the use of the special designation "Tuberculin Tested"	--

(d) In accordance with the Ministry of Health circular M.C. 405 III D1 dated 18th March, 1950, the following samples of milk were taken from a local hospital dairy farm for bacteriological examination:—

Number of samples taken for examination by the methylene blue reduction test	15
Number of samples taken for biological tests for tubercle bacilli and Brucella abortus	5

A sample of milk was sent for examination and CO_2-sensitive Brucella was isolated from cultures taken from the guinea pig inoculated with the sample.

The milk producers subsequently sent all their milk for pasteurisation before sale.

2. MEAT AND OTHER FOODS.

CARCASES INSPECTED AND CONDEMNED.

	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known) ...	2,242	810	1,891	3,936*	103,282*
Number inspected ...	2,242	810	1,891	3,944*	103,488*
All diseases except Tuberculosis Whole carcases condemned	5	13	37	37	253
Carcases of which some part or organ was condemned ...	803	335	15	149	5,528
Percentage of the number inspected affected with disease other than tuberculosis ...	36.04	42.9	2.7	4.7	5.5
Tuberculosis only. Whole carcases condemned	22	14	2	—	48
Carcases of which some part or organ was condemned ...	257	244	—	—	9,522
Percentage of the number inspected affected with tuberculosis	12.4	31.8	0.1	—	9.2

* The difference between the number of sheep and pigs inspected and the number killed is due to the inspection of 206 pigs and 8 sheep carcases brought into the slaughterhouse already killed and dressed.

The total number of carcases examined as shown in the above table is 112,375. Compared with the year 1950 (when the total number examined was 99,832) cattle and sheep examined were less by 3,190 and pigs were increased by 15,713.

Number of animals examined (Ante-Mortem) ... 25,783

Number of Government controlled slaughterhouses in use at end of year 2

3,503 visits were paid to food premises during the year as a result of which improvements were made as under, following informal action by this department.

Water heaters provided	12
Premises re-decorated	9
Floors and walls tiled	2
Floors and walls repaired	5
New sinks or lavatory basins provided	13
Premises treated with insecticide	1
Premises enlarged or remodelled	4
Up-to-date equipment provided	1

CYSTICERCUS OF TAENIA SAGINATA.

During the year twelve specimens of Cysticercus of Taenia-saginata were found in cattle examined at slaughterhouses in Ipswich.

The under-mentioned foodstuffs were condemned as unfit for human consumption during the year:—

BEASTS—

Carcases	54
Part carcases	300
Heads	242
Tongues	222
Lungs	473
Livers	770
Part livers	227
Mesenteries	26
Tripes	95
Intestines	19
Kidneys	17
Kidney Suet	10
Hearts	24
Spleens	6
Caul Fat	7
Udders	4
Skirts	36
Forequarters	31
Hindquarters	16
Mesentery Fat	42
Sets of Offals	48

CALVES—

Carcases	39
Part-Carcases	3
Plucks	12
Livers	4
Head and Tongue	3
Sets of Offals	30

SHEEP—

Carcases	37
Part carcases	51
Plucks	44
Livers	83
Lungs	5
Sets of Offals	23

PIGS—

Carcases	301
Part carcases	4,617
Sets of Offals	2,162
Heads	6,098
Necks	420
Plucks	4,526
Livers	194
Lungs	241
Hearts	39
Intestines	5
Skirts	9
Legs	73
Flecks	1,986
Hocks	240
Forends	78
Kidneys	64
Belly strips	1,019
Flares	59
Mesenteries	3,581
Tenderloins	25
Mesentery Fat	40
Blood Gallons	30

Bacon, Imported Meats, Sausages, etc.	5,405	lbs.
Bacon and Meat (tinned)	3,277	tins
Chickens and Geese	3	
Meat Paste	22	jars
Fish	2,749	tins
	108	stones
Fish Paste	122	jars
Milk	1,335	tins
	4	gallons
Soup	1,677	tins
Vegetables	2,501	tins
Vegetables—dried	129	lbs.
Fruit	4,829	tins
	3,791	lbs.
Dried Fruit	71	lbs.
Fruit Juice	17	tins
Tomato Paste	2	tins
Bread, flour etc.	241	lbs.
Cereals	566	pkts.
Biscuits	927	lbs.
Cake and Bun flour mixtures	63	lbs.
Cakes	61	lbs.

Macaroni and Spaghetti	65	tins
Coconut	7	pkts.
Tea, Coffee and Cocoa	80	pkts. & tins
Coffee Essence	8	bottles
Horlicks and Ovaltine	7	tins
Butter, Margarine, Cooking fat, etc. ...	6,040	lbs.
	4	tins
Cheese	8,569	lbs.
	296	pkts.
Jam, Marmalade, Honey and Syrup	873	tins
Mincemeat	20	jars
Pickles	605	jars
Sauces	29	bottles
Salad Dressing and Mayonnaise	753	jars
Dried Egg	10	lbs.
Suet	2	pkts.
Sweets and Chocolate	60	lbs.
Bubble Gum	30	boxes
Fruit Puddings	201	tins
Custard powders, etc.	98	pkts.
Jellies	390	
Bovril, Oxo, etc.	6	bottles
Ginger Wines	2	bottles
Flavouring Essences	31	bottles
Gravy Browning, etc.	14	bottles
Salt and Pepper	28	pkts.
Mustard	35	tins
Choc. Spread, etc.	5	jars
Potato Crisps	99	pkts.
Ice Cream	342	pkts.
Rice	5	lbs.
Cod Liver Oil and Malt	23	tins or jars
Herbal Tablets	8	pkts.

3 FOOD AND DRUGS ACT, 1938.

The following Table shows the samples taken during the year:—

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk and Cream ...	74	—	61	—	13	—
Other Foods ...	4	212	3	187	1	25
Totals	78	212	64	187	14	25

The following actions were taken during the year:—

Sample No.	Article.	Offence.	Action.
1	Sausages ...	17.4% deficient in meat.	Formal sample not obtained as source of supply was discontinued. Warning given to vendor and to manufacturer.
58	Sweetened Fat	The name "sweetened fat" was misleading—sample almost entirely cane sugar. Sucrose 97%. Hardened vegetable oil, 3%.	Imported from Holland. No further action could be taken.
50	Milk ...	9.0% deficient in milk fat.	Warning letter to producer.
84	Milk ...	10.7% deficient in milk fat.	
85	Milk ...	25.0% deficient in milk fat.	
89	Milk ...	26.7% deficient in milk fat.	
91	Milk ...	24.0% deficient in milk fat.	
92	Milk ...	20.0% deficient in milk fat.	
51	Milk ...	1.9% of added water.	Warning letter to producer.
77	Vegetarian Rusk and Tomato Links.	Very little tomato; fibres of animal origin present; no declaration of ingredients.	Warning letter to retailer.
108	Sweetened Fat	Cane sugar not more than 1%—name misleading.	Imported from Holland—no further action could be taken.
110	Table Jelly ...	20.6% deficient in sugar content; setting test failed.	Warning letter sent to manufacturer.
124	Table Jelly ...	22.7% deficient in sugar content; setting test failed.	
116 117	Concentrated Tomato Soup	Badly corroded; unfit for consumption.	Consignment surrendered and destroyed.
128	Fish Paste Crab.	13.4% deficient in fish.	Deficiency taken up with manufacturer.

Sample No.	Article.	Offence.	Action.
137	Table Jelly—strawberry flavour.	Setting test failed.	No further stock available for formal sample.
139	Cream-filled sponge cake	Contaminated with green mould; unfit for consumption.	Vendor fined total of £6 on three summonses with £2 2s. 0d. costs.
148	Sweetened Cake Mixture.	Description on packet misleading.	Irregularity taken up with manufacturer.
159	3-in-1 Salts	Label declaration meaningless and not in accordance with the Pharmacy and Poisons Act.	Matter taken up with vendor.
161	Milk ...	2% deficient in milk fat.	Warning to retailer.
169	Sausages ...	Probably containing a proportion of horseflesh.	Awaiting opportunity to take formal sample.
172	Home-made Gooseberry-Jam.	Contained 2.53% of salt.	Complainant used salt instead of sugar in making jam.
173	Pork Sausages	3.8% deficient in meat.	Within the tolerance allowed by the Meat Products & Canned Meat (Amendment) Order, 1950.
180	Beef Sausages.	2.6% deficient in meat.	Within the tolerance allowed.
193	Pork Sausages.	17.4% deficient in meat.	Vendor being watched.
194	Pork Sausages.	9.2% deficient in meat.	Vendor being watched.
236	Pork Sausages.	7.5% deficient in meat.	Vendor being watched.
237	Pork Sausages.	3.0% deficient in meat.	Within the tolerance allowed.
246	Pork Sausages.	3.7% deficient in meat.	Within the tolerance allowed.
247	Pork Sausage Meat.	6.3% deficient in meat.	Vendor being watched.

Sample No.	Article.	Offence.	Action.
190	Milk ...	13.3% deficient in milk fat.	Warning letter to producer.
201	Milk ...	10.0% deficient in milk fat.	
203	Milk ...	8.3% deficient in milk fat.	
212	Milk ...	5.7% deficient in milk fat.	
213	Milk ...	4.0% deficient in milk fat.	
254	Bread ...	Containing foreign body.	Fit for consumption.
256	Mincemeat ...	40% deficient in fat.	All stock sold before formal sample could be taken.
278	Pure Minced Chicken.	Excessive water content.	Matter taken up with manufacturers, with advice of Public Analyst. Labelling of jars altered by manufacturers.

Further Action:-

1. A cake was purchased from a bakery and found to contain a foreign body resembling rat excreta. The Public Analyst was unable to say definitely that the foreign body was excretion of a rodent but reported that it was not a normal constituent of cake. A warning letter was sent to the occupiers of the bakery.

2. A tin of corned beef purchased from a butcher's shop was found to contain a large piece of mutton cloth embodied in the meat. This was brought to the attention of the Ministry of Food as the meat had been packed in South America.

3. A loaf of bread purchased from a local general shop was found to contain a piece of yellow coloured material which appeared to have been baked in the bread. A warning letter was sent to the bakers of the bread.

4. A loaf of bread purchased from a bakery was found to contain a dead cockroach. Proceedings were instituted resulting in the bakers being fined £3 with £2 2s. 0d. costs.

5. A shop used for the sale of bacon, cheese, eggs and other grocery articles was visited and found to be in a very dirty condition with large accumulations of refuse and filth in both rooms. A quantity of unsound food in the shop was seized and later condemned by a magistrate. Proceedings were instituted and defendant was fined a total of £21 with £3 3s. 0d. costs.

6. A fruit loaf purchased from a general store was found to contain a piece of fabric material embedded in the substance of the loaf. Proceedings were instituted and the firm was fined £3 and ordered to pay £2 2s. 0d. costs.

7. A grocery shop was found to be used for the preparation of cooked meats etc., without being registered under the provisions of the Food & Drugs Act, 1938. Proceedings were instituted and the defendant was fined a total of £6 with £2 2s. 0d. costs.

8. A sliced and wrapped loaf of bread was bought from a bakery roundsman and found to contain a dead cockroach. Proceedings were taken against the bakers who were fined £5 including costs.

9. A blackcurrant individual pie was purchased from a bakery and found to contain foreign substance of a soft and gritty nature. A warning letter was sent to the manufacturers concerned.

4.—ICE CREAM EXAMINATION.

1. Seventy samples of Ice Cream were obtained during the year from retailers and manufacturers in the district for bacteriological examination. Where samples were found to be in Grades 3 or 4, action was taken to improve the standards.

5. CLEAN FOOD CAMPAIGN.

Byelaws on the handling, wrapping and delivery of food and sale of food in the open air, are in force in the Borough.

Talks on hygienic food handling have been given to various organisations during the year and films such as "Another Case of Food Poisoning" have been used to illustrate the talks. The following list gives the types of audience to which talks were given:—

(a) Students for the Diploma in Social Studies.

(b) Women's Guilds and Clubs.

(c) Licensed Victuallers' Association.

(d) The staff of a butcher's shop.

(e) Grocery, Restaurant and Canteen staff of a large departmental store.

(f) Domestic Helps.

Following upon the issue of Ministry of Food Circular 20/51 dated 24th October, 1951, notices were prepared for display in food shops, restaurants, etc., requesting customers not to bring dogs into the premises. By the end of the year 150 premises had been visited and the occupiers asked to display the notices. This practice will be continued during 1952 until all food premises have been visited. In the main, traders have welcomed this action although some resistance was noted from members of the public, a lively discussion on the merits of the scheme taking place in letters to the editor of a local newspaper.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (Corrected).

1. *Food Poisoning Notifications* (Corrected) *Returned to R.G.*

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
55	10	7	2	74

2. *Outbreaks Due to Identified Agents.*

Total Outbreaks ... 1 (Staphylococcal).
Total Cases ... 3 (a further 4 cases were notified to the M.O.H. East Herts. combined districts).

3. *Outbreaks of Undiscovered Cause.*

Total Outbreaks ... 1 Total Cases ... 54

4. *Single Cases.*

Agent identified	Salmonella Typhimurium	7	
	Salmonella Enteritidis	1	(plus one symptomless excreter.)
	Salmonella Thompson	3	
	Staphylococcal	6	
Unknown Cause ... nil	Total,	17.	

SLAUGHTER OF ANIMALS ACT, 1933.

Number of slaughtermen's licences renewed ... 33
" " " " issued (new) ... 3

DISEASES OF ANIMALS ACT, 1950.

One visit was made in connection with the removal of manure and sweepings from the local cattle market to an allotment. Advice was given as to its disposal.

TUBERCULOSIS ORDER, 1938.

Four cows were slaughtered in the Borough under this Order.

ANIMALS (IMPORTATION) ORDER, 1930.—Nil.

FERTILIZERS AND FEEDING STUFFS ACT.—Nil.

MERCHANDISE MARKS ACT, 1926.

Proceedings were instituted against a retailer for exposing for sale imported tomatoes not bearing an indication of origin, in contravention of the Merchandise Marks (Imported Goods) No. 4 Order, 1929. The retailer was found guilty, but in view of his record and the nature of the offence he was discharged absolutely on payment of 4s. 0d. costs.

MISCELLANEOUS

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Visits to premises by Sanitary Inspectors	301
New Infestations investigated by Rodent Operatives	908
Number of bodies recovered—Rats	1,924
Mice	714

During the year there were sixty-eight cases where, following rat complaints, drains were tested and found to be defective thereby allowing the egress of rats from the sewers.

RAG FLOCK ACT, 1951.

Six premises were registered under the provisions of this Act.

Fifty-five visits were made to premises in investigating whether registration was required or not.

FACTORIES AND WORKSHOPS, YEAR 1951.

Premises.	Number on Register.	Number of		
		Inspections.	Written notices.	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	83	26	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	490	85	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	75	15	1	—
TOTAL ...	648	126	9	—

Particulars	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	1	1	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(*a*) insufficient ...	5	5	—	2	—
(*b*) unsuitable or defective ...	11	11	—	8	—
(*c*) not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
TOTAL ...	17	17	—	11	—

OUTWORKERS PREMISES.

Twenty-three visits were made to outworkers premises during the year. No cases of work being carried out in unwholesome premises were noted.

SECTION G.

PORT OF IPSWICH HEALTH AUTHORITY.
REPORT FOR 1951.

I.—Amount of Shipping Entering the Port During the Year 1951:—

Table A.

	No.	Tonnage.	No. inspected		No. Reported to be Defective	No. of Vessels on which defects were remedied	No. of Vessels on which defects were found and reported to the Min. of Transport Surveyors	No. of Vessels reported as having or having had, during the voyage, Infectious Diseases on bd.
			By the Medical Officer	By the Port Health Inspector				
Foreign—								
Steamers ...	60	61,884	—	52	9	7	—	—
*Motor ...	143	27,872	—	107	4	4	—	—
Sailing ...	—	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Total Foreign	203	89,756	—	159	13	11	—	—
Coastwise								
Steamers ...	571	460,561	—	64	7	7	—	—
*Motor ...	701	100,317	—	59	5	4	—	—
Sailing ...	207	14,028	—	26	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Total Coastwise	1,479	574,906	—	149	12	11	—	—
Total Foreign and Coastwise	1,682	664,662	—	308	25	22	—	—

* Includes mechanically propelled vessels other than steamers.

II.—Character of Trade of Port:—

Table B.

(a) *Passenger Traffic during the year*—Nil.

(b) *Cargo Traffic.* Principal imports: coal, oil, spirit, grain, timber, potash, phosphates, s ammonia, pyrites, road stone, molasses. Principal exports: machinery, scrap metal, wheat, burnt ore, flour, fertilizers, sugar.

(c) *Foreign ports from which vessels arrive.* Amsterdam, Antwerp, Archangel, Blankaholm, Bordeaux, Bremen, Casablanca, Goose Bay, Delfzijl, Dubrovnik, Esbjerg, Flushing, Fredriksund, Ghent, Gruvon, Hamburg, Hamina, Harlingen, Harnosand, Hudiksvall, Huelva, Kotka, Lysaka, Mantyluoto, Montreal, Nantes, Odessa, Pateniemi, Rotterdam, Rouen, Saint John N.B., Sfax, Skutskar, Sorel, Soroka, Ternensen, Tonnay Charente, Vilvoord, Vlaardingen, Wismar.

III.—Water Supply:—

(a) *For the Port.* Water supply is obtained from the Ipswich Corporation's water mains.

(b) *For Shipping.* Shipping in the Dock and at Cliff Quay obtain water from the Ipswich Corporation's water mains. Shipping at the deep water mooring berth in Butterman's Bay use a water boat from Harwich.

(c) *Number of water boats and their sanitary conditions.* One water boat is used. It is owned by the Felixstowe Dock Company and is inspected regularly by the Sanitary Inspector of the Harwich Port Health Authority. The sanitary condition is satisfactory.

IV.—Port Sanitary Regulations, 1933 and 1945:—

1. Arrangements for dealing with Declarations of Health:—
   A Declaration form is handed to the Master of a vessel from a foreign port either by the Pilot, the Customs Officers or the Port Health Inspector, and when filled in, is returned to the Port Health Authority either by the Customs Officer or the Port Health Inspector.

2. Boarding of vessels on arrival:—
   Vessels from foreign ports are boarded by an Officer of the Port Health Authority at Cliff Quay, Ipswich, or at the Ipswich Dock.

3. Notification to the Authority of inward vessels requiring special attention (wireless messages, land signal stations, information from pilots, Customs Officers, etc.):—
   Arrangements have been made with the Customs Officers to notify to the Port Health Authority any inward vessel requiring special attention also for wireless messages received by local shipping agents, in accordance with the provisions of Article 6 of the Regulations, to be forwarded to the officers of the Port Health Authority.

4. Mooring stations designated under Article 10: (a) within the docks; (b) outside the docks:—
   (a) The established inner mooring station is situated at Cliff Quay, Ipswich.
   (b) The established outer mooring station is situated at the anchorage at Butterman's Bay.

5. Particulars of any standing exemptions from the provisions of Article 14:—
   A standing exemption from detention under Article 14 has been granted by the Medical Officer in respect of all unhealthy ships, except those unhealthy on account of cholera, plague, yellow fever, typhus, smallpox or chickenpox.

6. Experience of working of Article 16:—

No difficulty arose during the year in carrying out the restrictions on boarding or leaving a ship arriving from a foreign port.

7. (a) *Premises and waiting rooms for medical examinations.*

Medical examinations are carried out on board the ship concerned.

(b) *Cleansing and disinfection of ships, persons and clothing and other articles.*

On a ship where infectious disease has occurred, disinfection of the infected parts of the ship is carried out by the staff of the Port Health Authority. A cleansing station for persons is established at the office of the Port Health Authority and further facilities for the cleansing of persons exist at the St. Helen's Isolation Hospital and at the Ipswich Smallpox Hospital.

(c) *Premises for the temporary accommodation of persons for whom such accommodation is required for the purpose of the regulations.*

Temporary accommodation is available at the St. Helen's Isolation Hospital for persons requiring such accommodation for the purposes of the Regulations.

(d) *Hospital accommodation available for plague, cholera, yellow fever, smallpox and other infectious diseases.*

A smallpox hospital (24 beds) is maintained by the Ipswich Group Hospital Management Committee and is available for cases of smallpox in the Port.

(e) *Ambulance transport.*

5 motor ambulances, two sitting-case cars and two motor vans are available for transport purposes.

(f) *Supervision of contacts.*

Contacts proceeding to places outside the Borough and the Port of Ipswich are notified to the Medical Officer of Health of the district to which they are proceeding. Contacts remaining on the ship are kept under observation daily by an officer of the Port Health Authority.

8. Arrangements for the bacteriological or pathological examination of rats for plague:—

The examination of rats for plague is carried out at the Public Health laboratory at Ipswich. The number of rats examined for plague during the year 1951 was 30.

9. Arrangements for other bacteriological or pathological examinations:—

Other bacteriological or pathologieal examinations are carried out at the Public Health Laboratory and the East Suffolk and Ipswich Hospital, at Ipswich.

10. Arrangements for information as to the location, days and hours of the available faeilities for the diagnosis and treatment of venereal disease among merehant seamen under International arrangements, ineluding in-patient treatment; also steps taken to make these faeilities known to seamen.

Printed pamphlets are available and given to eaeh ship requiring information as to loeations and times of clinies. Diagnosis and treatment are carried out at the East Suffolk and Ipswich Hospital, at the following times:—Mondays, 6-8 p.m., Tuesdays, 4-5 p.m., Fridays, old eases, 2.30-4.30 p.m., new eases, 4-5.30 p.m.

11. Arrangements for the interment of the dead:—Nil.

12. Other matters, if any, requiring or reeeiving attention:—Nil.

TABLE C.

Cases of Infectious Siekness landed from Vessels:—

Disease.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
—	—	—	—	—

TABLE D.

Cases of Infectious Sickness oceurring on vessels during the voyage, but disposed of prior to arrival:—

Disease.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
—	—	—	—	—

V.—Measures Against Rodents.

(1) Steps taken for detection of rodent plague.

(a) *In ships in the Port.*

Ships visited by the Port Health Inspector have enquiry and search made on board for unusual mortality of rats and mice.

(b) *On quays, wharves, warehouses, etc., in the vicinity of the port.*

Premises in the vicinity of the docks and quays are visited from time to time by the Port Health Inspector and similar enquiries and search are made.

(2) Measures taken to prevent the passage of rats between ships and the shore.

Special measures, such as rat guarding mooring ropes, are taken, and no evidence has been found of rat migration from ship to shore during the year.

(3) Methods of deratisation of (a) Ships, (b) Premises, in the vicinity of docks or quays.

(a) The Port of Ipswich is not an "approved" port for the purposes of Article 28 of the International Sanitary Convention, 1926. Ships requiring deratisation have therefore to proceed to an "approved" port, the nearest being the ports of Harwich or London in the South, or the ports of Hull and Goole in the North.

(b) Deratisation of business premises in the vicinity of the Dock and quays is usually carried out by the occupier of the premises concerned, the usual method being the use of traps and poisoned baits, but some business premises are treated by Ipswich Local Authority under contract with the occupiers. Private dwelling houses are treated free by Ipswich Local Authority.

(4) Measures taken for the detection of rat prevalence in ships and on shore.

The usual inspections are made by the Port Health Inspector. The Local Authority employ six full-time rat catchers who are available in case of necessity.

(5) Rat-proofing.

(a) *To what extent are docks, wharves, warehouses, etc., rat proof?*

Many of the buildings, etc., in the vicinity of the docks and quays are very old and are not considered rat-proof. Recently-erected buildings are designed with rat-proofing in mind and are more satisfactory.

(b) *Action taken to extend rat-proofing.*

(i) In ships; (ii) on shore.

Advice is given by the Port Health Inspector to the person concerned where evidence is found of the necessity of extension of rat-proofing of either ships or buildings.

Table E.

(1) On Vessels.

Number of Rats.	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in year.
Black	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown	—	—	—	—	—	—	—	—	—	—	—	—	—
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Infested with plague	—	—	—	—	—	—	—	—	—	—	—	—	—

Table F.

(2) In Docks, Quays, Wharves and Warehouses.

Number of Rats.	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in year.
Black	30	19	39	19	30	—	20	25	9	11	45	62	309
Brown	12	10	—	7	—	16	7	4	19	26	30	41	172
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined ...	6	2	—	9	5	—	—	3	1	1	2	1	30
Infested with plague	—	—	—	—	—	—	—	—	—	—	—	—	—

Since November, 1937, twopence per carcase has been paid for all rats caught privately in the Port and Borough.

The total number of rats caught in the Port and Borough during the year was 1,853.

Table G.

Measures of rat destruction on plague "infected" or "suspected" vessel or vessels from plague infected ports arriving in the port during the year:—

No such vessel arrived in the Port of Ipswich during the year.

Table H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year.

Ipswich is not an "approved" port for this purpose and therefore no certificates were issued.

VI.—Hygiene of Crews' Spaces.

Table J.

Classification of Nuisances.

Nationality of Vessel.	No. Inspected during the year.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	188	1	11	8
Other Nations ...	120	4	9	15

VII.—Food Inspection.

(1) Action taken under the Public Health (Imported Food) Regulations, 1937 and 1948, the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1948.

395 tons of sweetened fat and 376 tons of fondant were landed at Ipswich during the year.

(2) Shell-fish. Information respecting any shell-fish beds or layings within the jurisdiction of the P.H.A., stating whether they are in the opinion of the Medical Officer liable to pollution. Report of any action, taken under the Public Health (Shell-fish) Regulations, 1934 and 1948:—

The oyster beds or layings within the jurisdiction of the Ipswich P.H.A. are not now in use.

(3) Number of Samples of Food examined by: —

(a) Bacteriologist.

2 samples of sweetened fat were submitted for bacteriological examination and were found to be satisfactory.

(b) Analyst.

3 samples of sweetened fat and 1 sample of fondant were forwarded to the Public Analyst for examination.

The Public Analyst commented on these samples as follows:—

(1) Sample No. 58. Sweetened Fat.
Sucrose 97%. Hardened Vegetable Oil 3%.
"The name Sweetened Fat is misleading; the sample is almost entirely cane sugar"

(2) Sample No. 106. Sweetened Fat.
Cane Sugar 61.3%. Edible Fat 38.7%.

(3) Sample No. 107. White Fondant.
Genuine.

(4) Sample No. 108. Sweetened Fat.
Hardened Vegetable Oil at least 99%. Cane Sugar not more than 1%.
"The sugar content of this sample is negligible, and in my opinion the description Sweetened Fat is inaccurate and misleading."

County Borough of Ipswich.

School Medical Officer's REPORT.

1951.

REGINALD A. LEADER,
School Medical Officer.

COUNTY BOROUGH OF IPSWICH

EDUCATION COMMITTEE

(Constitution at 31st December, 1951).

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Councillor A. MORRIS (*Vice-Chairman*)
Alderman A. L. CLOUTING
Alderman A. J. COOK
Alderman V. H. REVETT
Alderman Mrs. M. WHITMORE
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Mr. F. S. ROGERS
Mrs. P. M. TILLETT

WELFARE SUB-COMMITTEE.

Councillor Mrs. M. J. KEEBLE (*Chairman*).

Alderman Mrs. M. WHITMORE
Councillor W. M. MORFEY
Councillor A. MORRIS
Councillor S. J. CATT
Councillor Mrs. L. LEWIS

Councillor O. S. NUNN
Mr. A. J. CUTMORE
Rev. B. FOUNTAIN HINDE
Very Rev. Provost A. P. PEACOCK
Mrs. P. M. TILLETT

STAFF OF SCHOOL HEALTH SERVICE.

MEDICAL STAFF.

Medical Officer of Health and School Medical Officer:

REGINALD A. LEADER, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer:

C. H. SHAW, M.D., D.P.H., D.P.A.

Assistant Medical Officers of Health and Assistant School Medical Officers:

DORIS E. P. JOLLY, M.B., B.S., M.R.C.S., L.R.C.P., M.M.S.A., D.P.H.

G. MARGARET G. SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

E. H. ANNELS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

G. R. HOLTBY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Appointed 19th March, 1951).

J. A. HARRINGTON, M.A., M.B., B.Chir., D.P.H., D.I.H. (Served as Locum T. until 31st March, 1951).

DOROTHY M. J. EMSLIE, M.B., Ch.B., (Served as Locum T. from 3rd May to 31st July, 1951).

DOROTHY J. BALL, M.B., B.S., D.R.C.O.G. (Appointed as Locum T.—part time—5th December, 1951.

EDNA M. EDWARDS, M.R.C.S., L.R.C.P. (Appointed as Locum T.—part time—6th December, 1951).

DENTAL STAFF.

Senior Dental Surgeon:

R. CUTHILL, L.D.S. (Resigned 31st August, 1951).

A. L. WHITAKER, L.D.S. (Appointed 1st January, 1952).

Assistant Dental Surgeons:

KATHERINE L. HARRIES, L.D.S.

J. R. TOLLER, L.D.S., M.Sc.D.

ORTHOPTIST.

(Post Vacant)

SPEECH THERAPIST.

Miss J. G. LILLYWHITE, L.C.S.T. (Resigned 22nd May, 1951).

Miss E. M. PARHAM, L.C.S.T. (Appointed 3rd September, 1951).

SUPERINTENDENT HEALTH VISITOR.

Miss E. L. MARTIN.

SCHOOL NURSES.

Mrs. D. BURROWS.

Mrs. M. HAMBLING.

Miss R. M. HARE.

Miss J. PLUMMER.

Miss D. SMITH.

CLERICAL STAFF.

Chief Clerk: H. M. COLES.

Senior Clerk, School Health Service: B. H. GREENE.

and the equivalent of five and a half full time clerks.

GENERAL INFORMATION.

Population (Estimated mid-year 1951)	104,000

Schools maintained by the Local Authority—

Primary Schools (including Voluntary Schools):

Number of Schools	34
Number on roll	9,361

Secondary Schools:

Number of Schools	9
Number on roll	3,760

Grammar Schools:	Number on Roll:
Northgate Grammar School for Boys ...	583
,, ,, ,, ,, Girls ...	530

Special Schools:

California Special School for Educationally Sub-normal Pupils	81
Whitton Special School for Delicate Pupils ...	119
Orthopaedic Ward, Isolation Hospital ...	*18

(*This figure includes pupils from East and West Suffolk).

Nursery School:

Raeburn Road	40

SCHOOL HEALTH SERVICE.

TREATMENT FACILITIES.

As in other parts of the country the early history of the School Medical Service in Ipswich was one of constant struggle against infectious diseases of the skin and scalp—ringworm, vermin, scabies, impetigo and septic sores. Head Teachers used to send children who appeared to be a source of infection to the office of the Medical Officer of Health for examination and, if necessary, exclusion from school. This inspection clinic was transferred in 1912 to premises in Arcade Street and later, in 1915, to Elm Street. Little, if any, treatment was at first carried out although eyes had been refracted by the school doctor and glasses prescribed since 1908. By 1913 two school nurses were employed; amongst their many other duties they used to visit the homes of children with running ears to demonstrate to the mothers how to carry out necessary treatment.

In 1915 a part-time dentist was appointed to provide treatment for school children on one afternoon a week. Hitherto, the only children in Ipswich who had received systematic dental treatment were those under the care of the Poor Law. The School Medical Officer in his report for 1915 stressed that the work of the school clinic was worthy of further expansion, and referred to "a group of diseases which, although in themselves not particularly dangerous to health, yet exert a most pernicious influence upon education. First and foremost among these is ringworm. Some idea of the extent of loss of school attendance due to this disease is afforded by the fact that in 1914 sixty-six children lost 4,300 days' attendance. It may at once be stated that experience has shown that home treatment of this group of conditions is hopeless in the extreme. The class of child who gets scabies or impetigo is usually the subject of a home environment in which no attempt at proper treatment is possible, or even thought of."

It soon became apparent, however, that certain important defects that school medical inspection brought to light could not readily be dealt with at a Minor Ailment clinic. It was, for example, difficult to treat ringworm of the scalp satisfactorily without the use of X-rays, and after the first World War an increasing number of these children

were referred for hospital treatment. A similar difficulty was overcome when, in 1920, the Authority entered into an agreement with the East Suffolk & Ipswich Hospital with a view to the operative treatment of diseased tonsils and adenoids.

As has been mentioned, the Clinic in its early years was primarily an inspection rather than a treatment centre. The treatment carried out was at first limited to impetigo, conjunctivitis and other infectious ailments, but in the course of time a greater variety of conditions came to be dealt with, and from 1925 onwards a period of steady growth can be traced in the numbers receiving treatment at school clinics. The figures given in the following table refer to the average yearly attendances during the period under review; the sharp increase in the attendances in the period 1936-40 corresponds with the opening of the Branch Clinic on the Gainsborough estate.

Period	Attendances for Treatment	Total Cases Treated	Impetigo.		Scabies.		Minor Injuries.	
			Cases	% Total	Cases	% Total	Cases	% Total
1921—25	2,901	277	75	27.1	4	1.4	Separate figures	
1926—30	3,339	715	65	9.1	12	1.7	not available	
1931—35	3,824	830	61	7.3	30	3.6	274	33
1936—40	15,031	2,948	126	4.3	34	1.2	1,138	39
1941—45	16,479	4,331	214	4.9	457	10.4	1,304	30
1946—50	17,131	4,443	128	2.9	138	3.1	1,423	32
1950	18,024	4,236	51	1.2	13	.3	1.468	35
1951	16,125	3,765	34	.9	7	.2	1,388	37

It is always useful from time to time to take stock. The virtual elimination of ringworm of the scalp is perhaps the most remarkable result in the treatment field, achieved by team work between the school and hospital authorities:—

Period.		*Ringworm of Scalp (yearly average)*
1916—20	...	205
1921—25	...	148
1926—30	...	45
1931—35	...	9
1936—40	...	5
1941—45	...	4
1946—50	...	0.6
1951	...	—

Impetigo and septic sores have not been a serious problem for many years, and with the introduction of penicillin this type of skin infection is quickly brought under control. Neglected children with running ears and intractable conditions of the eyes such as blepharitis—common in schools 30-40 years ago—are now seldom seen.

If in examining the past we find an almost unbroken record of achievement, it is well to recognise that the solution of many of the problems with which the school medical service was originally faced, is itself a challenge to tackle others that still remain.

Thought must constantly be given, not only to the introduction of modern methods, but to possible variation in the scope of the work carried out, particularly where treatment is of a nature not easily dealt with by the family doctor. Warts are a common minor ailment and, as their more efficient treatment appears well suited for development at school clinics, the present scheme is outlined in some detail (page 18). It will be recognised that systematic inspection in schools, and the provision of treatment facilities are just those principles which were so successfully applied in the case of other infectious skin diseases a generation ago.

ARRANGEMENTS FOR TREATMENT, 1951.

(a) Minor Ailments.

School Clinics are held every morning (excluding Sundays) at the Public Health Department, Elm Street, and at the Gainsborough Clinic, Clapgate Lane, and on four mornings a week at Whitton Clinic, Shakespeare Road and at Allington House Clinic, Woodbridge Road. In addition, there is a School Nurse on duty at the Public Health Department each afternoon who is available to attend to accidents and other emergencies.

The table overleaf gives a comparison of the attendances at clinics for various purposes.

During 1951, 3,765 children were treated, representing 16,125 attendances. The conditions most commonly treated are boils, styes, conjunctivitis, burns, cuts and other injuries. During the year penicillin injections were used to an increasing extent in the treatment of septic fingers, boils and occasionally throat and ear conditions. There is no doubt that the use of penicillin reduces pain, shortens disability and consequently cuts down the attendances necessary for treatment.

Clinic.	Number of Children.			Attendances.								
				For Inspection Only.			For Inspection and Treatment.			Total Attendances.		
	1949	1950	1951	1949	1950	1951	1949	1950	1951	1949	1950	1951
Elm Street	2,754	2,218	1,854	3,004	2,332	1,690	9,068	5,951	4,548	12,072	8,283	6,238
Clapgate Lane ...	2,019	1,735	1,352	1,175	857	408	7,020	6,757	6,213	8,195	7,614	6,621
Whitton	1,068	1,470	1,530	1,592	1,609	1,480	4,558	4,822	4,862	6,150	6,431	6,342
Allington	—	325	39-	—	399	441	—	494	502	—	893	943
Total ...	5,841	5,748	5,128	5,771	5,197	4,019	20,646	18,024	16,125	26,417	23,221	20,144

(b) Ophthalmic.

The arrangement whereby pupils found to have defective vision are referred to the Eye Clinic, provided by the Ipswich Group Hospital Management Committee, and held at the Public Health Department each week, continued during 1951. The number of pupils examined was 649 representing 1,199 attendances. Owing to illness and other calls on the time of the specialist staff, it was not possible to maintain the normal weekly clinics regularly throughout the year and this had the effect of reducing the number of pupils examined as compared with the previous year. The cumulative effect of this has resulted in a delay of three to four months before new cases can be seen by the Eye Specialist and cases due for review are subject to a delay of nearly a year.

The incidence of defects treated during the year was as follows:—

Hypermetropia	89
Hypermetropic Astigmatism ...	129
Myopia	95
Myopic Astigmatism	72
Mixed Astigmatism	28
Squint	116
All Others	6
Total	535

In the majority of cases the glasses recommended are provided through the Hospital Eye Service but, in instances where the parents so desire, a copy of the prescription is provided to enable them to obtain the glasses elsewhere. Such a request was received in eleven instances only out of a total of 275.

The regulations governing the supply of glasses were amended during the year but, so far as school children are concerned, the changes only affect pupils of twelve years and over who choose frames of other than standard types—a very small percentage of the total number. In such cases a charge of 10 - is made for each lens and 10s. 5d. for the frame. In all other cases the glasses are still supplied free of cost.

Owing to the fact that it has not been possible to replace the Orthoptist who resigned in October, 1950, no orthoptic treatment of squint cases has been available during the year.

Fifteen cases, referred from the Eye Clinic, were admitted to hospital for squint operations during the year, but there are still thirty-nine cases on the waiting list, as compared with twenty-seven at the end of 1950.

(e) DENTAL.

It is to be regretted that the progress reported last year has not been maintained. This has been largely due to the resignation of the Senior Dental Surgeon, Mr. R. Cuthill, who had been with the department for over twenty years, and from August the work was carried out by the two remaining dental officers. The Dental Clinic at Allington House had to be temporarily closed and the children from that area treated at Elm Street.

As the new Senior Dental Surgeon, Mr. A. L. Whitaker, did not commence duties until the 1st January, 1952, it is perhaps a suitable opportunity to summarise, in tabular form, the work done by the School Dental Officers in Ipswich since the first full-time appointment in 1920.

Period	Equivalent of whole-time dentists	Routine School Inspections at ages				Extractions			Fillings		Ratio Extractions/ Fillings
		5-7	8-10	11-13	14 +	Total	Tempy.	Perm.	Tempy.	Perm.	
1920—24	1.42	2,521	1,600	558	—	4,679	4,974	510	128	1,240	1:0.25
1925—29	2.00	2,659	2,354	2,048	155	7,216	6,226	771	24	2,875	1:0.41
1930—34	2.93	2,898	3,245	3,248	580	9,971	7,108	1,170	133	4,818	1:0.60
1935—39	3.00	2,945	3,246	3,081	872	10,144	6,657	1,179	384	3,887	1:0.55
1940—44	2.55	3,089	3,109	2,873	505	9.576	4,306	827	328	3,042	1:0.66
1945—49	2.60	2,441	2,536	2,467	824	8,268	4,221	641	640	3,261	1:0.80
1950	3.17	2,753	2,935	1,927	689	8,304	6,310	952	379	5,740	1:0.84
1951	2.66	2,543	2,150	3,047	1,278	9,018	5,393	750	466	4,932	1:0.88

The interpretation of these figures is not altogether straightforward and it should be borne in mind that it was not until 1930 that all the older children came within the scheme for routine inspection. There is no doubt that the last thirty years have seen a great improvement both in the condition of children's teeth and in their readiness to undergo treatment—a change largely brought about, it is suggested, through the educational influence of the School Dental Service.

Attention is particularly drawn to the fact that teeth are being preserved rather than taken out so that a far greater number of young people are leaving school with a full set of teeth that are either sound or have been made artificially sound. This trend is reflected in the substantial reduction in the number of permanent teeth extracted and in the larger proportion of fillings now carried out on both temporary and permanent teeth. Unfortunately the operation of filling a tooth is time-consuming compared with the more ruthless procedure of extraction. Routine inspection in school which is the essential basis of preventive dentistry is spaced so as not to out-run the possibilities of subsequent treatment and with three dentists the present school population can only be inspected about once every fifteen months. Naturally if at any time a dentist is sick or a post is not filled, this interval inevitably rapidly increases as the remaining dental staff have to cope with the full quota of toothaches and other emergency treatment. It will be noticed that although the figures fluctuate from year to year depending on the type of schools visited during the period, it is clear that with the raising of the school leaving age and now the growing number of entrants, a comprehensive service cannot be offered without the appointment of additional dental staff. There is no indication that private dental practitioners are anxious to take over the treatment of children of school age, still less of the younger children who naturally are a most disturbing influence in the dental surgery waiting room.

The following table gives the ages of children inspected and selected for treatment at periodic school inspections :—

Age.	1950.			1951.		
	Inspected	Selected	Sound	Inspected	Selected	Sound
4 & 5 Years	989	466	255	885	401	187
6 ,,	836	417	140	874	405	92
7 ,,	928	530	89	784	423	58
8 ,,	1,008	623	88	752	418	44
9 ,,	972	633	53	724	375	40
10 ,,	955	584	54	674	371	14
11 ,,	685	422	50	947	482	39
12 ,,	582	452	38	1,045	583	72
13 ,,	660	474	28	1,055	621	80
14 ,,	432	368	34	1,020	583	78
15 ,,	257	220	12	258	171	9
Totals	8,304	5,189	841	9,018	4,833	713

The percentage of children having naturally sound dentitions in 1951 was 7.9%. A comparison of this percentage with that of previous years:

1948	9.7%
1949	9.8%
1950	10.1%
1951	7.9%

As has already been explained, figures of this nature are liable to fluctuate from year to year depending on the age groups examined.

Number of schools visited	32
Number of sessions devoted to inspection	77
Percentage of consents to treatment following periodic school inspections...	77%
Number of Specials inspected at clinic ...	2,027

The work undertaken by the School Dental Officers during the year is given in Table V (page 43).

Additional treatments were:—

Local Anaesthetics	255
Silver Nitrate	312
Scalings	125
Gum Treatments	33
Denture attendances	97
Dentures fitted	21
Dentures repaired	7
Gingivectomy	4
Dental X-rays	62
Orthodontics:	
Appliances fitted	41
Attendances	810
Number of teeth extracted to relieve overcrowding	395

While the acceptance rate following school dental inspection remains high, it is unlikely that many of these children would, in fact, secure regular treatment if the work was done by private dentists in response to requests from parents. It has not been possible to secure figures from the Executive Council as to the exact number of children treated outside the school dental service, but a fairly accurate picture can be obtained from the routine dental record charts. It will be seen that it is only among children from the Northgate Schools, and, to a lesser extent, from Sidegate Lane Primary School, that private dentists are able to undertake treatment except on a very small scale.

	No. Inspected in schools.	*Received treatment from private dentists since previous Inspection.*	*Proportion.*
Main Clinic Area ...	6164	43	.7%
Gainsborough Clinic Area	3189	22	.7%
Allington Clinic Area:			
Northgate Schools	981	105	10.7%
Sidegate Lane Primary School	397	25	6.3%
Other Schools ...	2046	27	1.3%

MEDICAL INSPECTION IN SCHOOLS.

During the earlier part of the year, systematic observations relating to the accommodation available for medical inspections in schools were made by the medical officers carrying out these inspections. While special medical rooms have only been provided in the Northgate Schools, the general picture was not an unsatisfactory one. The main points which emerged were that lack of privacy and, to a lesser extent, noise were the principal difficulties. The question of privacy is an important one particularly in the case of senior girls. Often the provision of screens would meet the need: from the point of view of the parent, as well as the child, they constitute a psychological as well as a physical barrier. In some cases, however, it was obvious that in a room of inadequate size or unsuitable shape screens would only get in the way. The ideal, of course, is for the parent to wait and the children to strip in a room adjacent to the one in which the medical examination will take place.

One point worth noting is the desirability, particularly in winter months when surfaces are cold, of having a carpet or mat for the children to stand on. This is important as, in Ipswich, shoes and stockings are always removed for the inspection. Sometimes a blanket is provided by the school; in other instances, as a makeshift, the nurse uses a towel.

During 1951, 4,402 pupils attending maintained schools were examined at "periodic" inspections as compared with 4,542 during the previous year. In addition, 1,750 "follow up" examinations were carried out. At the request of the school authorities the facilities of the School Health Service were made available to the pupils of the Convent High School for Girls, and 101 girls attending this school were examined during the year.

Details of the periodic examinations in the various age groups are given below:—

	Boys.	Girls.	Total.	Total, 1950
Entrants—				
No examined	824	765	1,589	1,791
No of pupils with defects requiring treatment ...	168	135	303	173
Percentage	20.4	17.6	19 1	9.7
Intermediates (7 - 8 yrs. old)				
No. examined	335	339	674	—
No. of pupils with defects requiring treatment ...	92	84	176	—
Percentage	27.5	24 8	26.1	—
Intermediates (10 - 11 yrs.old)				
No. examined	531	590	1,121	1,672
No. of pupils with defects requiring treatment ..	126	139	265	158
Percentage	23.7	23.6	23.6	9.5
Leavers—				
No. examined	573	546	1 119	1,079
No. of pupils with defects requiring treatment ...	52	141	193	92
Percentage	9.1	25.8	17.2	8.5
Total—				
No. examined	2,263	2,240	4,503	4,542
No. of pupils with defects requiring treatment ...	438	499	937	423
Percentage	19.4	22 3	20.9	9 3

INFECTIOUS DISEASE IN SCHOOL CHILDREN.

	1948	1949	1950	1951
Dysentery	2	—	7	222
Poliomyelitis	—	2	3	2
Typhoid	—	—	1	—
Paratyphoid	3	—	—	—
Salmonella	1	—	6	11
Infective Hepatitis	—	13	280	175
Tuberculosis—				
Pulmonary	3	3	12	17
Non-pulmonary ...	6	10	4	13

	1930-39 (*Yearly Average*)	1940-49 (*Yearly Average*)	1950	1951
Measles	*	484	749	507
Whooping Cough	*	109	80	190
Scarlet Fever	224	106	116	35
Diphtheria	110	26	3	—

*Not notifiable until 1939.

(a) Tuberculosis.

Following the discovery of an infectious case of tuberculosis in each of three schools, skin tests of the contacts were carried out and the positive reactors referred to the Chest Clinic for further investigation. This type of investigation is now used as a routine measure in order that any possible source of infection in the school itself may be brought to light; no further cases of tuberculosis were found.

Tuberculin Skin Testing Survey.

The survey designed to ascertain new and previously unsuspected cases of tuberculosis which was commenced in September, 1950, was continued during 1951. The survey includes only "new entrants" (five to six years old). 85% of parents gave their consent to the test being carried out. The following table gives the relevant figures:—

No. of tests performed	1,175	
No. of positive reactors:—		
(a) Notified to Chest Clinic ...	139	(11.8%)
(b) Who attended Chest Clinic	124	
(c) Who showed abnormalities	18	
(d) Recorded as definite cases ...	4	
No. of contacts (children and adults)		
(a) Who attended Chest Clinic	239	
(b) Who showed abnormalities	9	
(c) Recorded as definite cases ...	1	

(b) Dysentery.

Two hundred and twenty-nine children of school age were found to be infected during the outbreak that occurred December, 1950 to June, 1951. Of these, 72 were over the age of ten and more than twice as many (157) under that age. All cases were of the relatively mild sonne type which should not be confused with more serious forms of dysentery prevalent in tropical countries. Nevertheless a third (34%) of the children had vomiting as well as diarrhoea and often there was blood in the motions.

All children of infant and junior school age proved to be extremely susceptible once infection was introduced into a household. Dysentery is almost invariably a family infection involving a majority of its members, and in the families that were investigated 77% of all children aged five to nine were found to be infected, irrespective of whether or not they had symptoms; the corresponding figure for older children (10-15) was 62% and for adults 35%.

Considering these facts it may be felt that the schools escaped remarkably lightly. Despite the most stringent precautions, however, Raeburn Nursery School (40% infected) shared the experience of Montrose Day Nursery (47% infected) and Freelands Residential Nursery (50% infected). Yet at no other schools were more than

twelve cases brought to light and these only represented 4.5% of pupils.

(c) Head Lice.

During the year enquiries were made from other authorities as to how they were tackling this recurring problem. The replies indicated that whilst it was recognised that it was the children from the same families who time and time again were found to be infected, there was a general reluctance to prosecute; stress was laid on the value of persistent home visiting by the school nurse.

The Ipswich figures for 1951 are distinctly encouraging and for the first time in recent years show a substantial drop. 46,200 Examinations were carried out in the schools representing 14,045 individual pupils. Of these, 751 were found to be infected compared with 914 in 1950. An important factor in this reduction may be the increasing popularity, particularly among senior girls, of the D.D.T. hair lotion which was introduced in the later months of 1950.

Although the number of children infected in most schools showed a welcome reduction, it is of interest that the black spots in the town still live up to their reputation. There is an all round reduction in the degree of infection, but the relative positions as between the various areas show little change from that indicated in the report for 1950.

(d) Warts.

Plantar Wart Survey. My attention was drawn to the relatively large number of children with plantar warts attending the Minor Ailment Clinics for treatment during the autumn of 1950. As it did not appear to be the practice of all medical officers in the schools to carry out a systematic examination of the feet, it was felt that a problem might be arising of hitherto unsuspected proportions. A survey was therefore carried out which, although restricted to children seen in the normal way—at "entrant," "intermediate" and "leaver" examinations—was planned so that valid information might be obtained regarding the local incidence of warts on the feet; it was also hoped that light might possibly be shed on the ways in which plantar warts are most commonly spread among schoolchildren. Inquiry was specially directed towards practices regarding the wearing of communal plimsolls, barefoot P.T. work, school showers, and the use of the various swimming baths in the town.

Children examined at P.M.I.s, and included in the survey	4,002
Children with plantar warts only	29
Children with plantar and non-plantar warts ...	5
Total	34

Primary Schools.

Boys examined	1,364	
Plantar warts	5	(0.4%)
Girls examined	1,317	
Plantar warts	9	(0.7%)

Secondary Schools.

Boys examined	657	
Plantar warts	6	(0.9%)
Girls examined	664	
Plantar warts	14	(2.1%)

Plantar warts are uncommon in children of Infant School age but they occur quite frequently in the Junior School. The incidence among senior girls of 2.1%, whilst not as high as originally seemed probable, must be considered an important reservoir of infection. Plantar warts, though not fundamentally different from warts elsewhere, bear constant pressure and often become extremely painful if allowed to grow and seed themselves in other parts of the foot.

Treatment of Warts.

Well-tried methods have been in use for many years but, though simple and safe procedures, they are not altogether suitable for use at ordinary clinic sessions. These methods involve a scooping out of the wart (curettage) under local anaesthesia or, alternatively, freezing with CO_2 snow. In the case of plantar warts the use of CO_2 snow as a freezing agent has been found most effective.

Since August, 1951, certain Minor Ailment Clinic sessions have been devoted entirely to the treatment of warts. These wart clinics are held on successive weeks at Elm Street and Clapgate Lane (Saturday morning) and at Whitton Clinic (Thursday morning). Additional sessions are arranged, if necessary, during the holiday periods. Treatment is by appointment and is only carried out after the written permission of the parents has been obtained.

Wart Clinics, 1951.

	No. of Clinics.	*No. of Children Treated.*	*No. of Attendances.*	*No. cured and Discharged.*
Elm Street ...	13	60	154	44
Whitton	8	30	89	20
Clapgate Lane ...	8	40	87	20
	29	130	330	84

Children with warts treated at the clinics:—

HANDS:	One hand	... ...	55
	Both hands	... ...	33
		Total ...	88
FEET:	One foot	... ...	27
	Both feet	... ...	2
		Total ...	29
OTHER SITES:	Wrist(s)	... ...	5
	Knee(s)	... ...	12
	Other ...	... ...	13

Plantar Warts.	*Boys.*	*Girls.*	*Total.*
Primary Schools ...	1	7	8
Secondary Schools ...	7	14	21
Warts—other sites.			
Primary Schools ...	34	25	59
Secondary Schools ...	17	25	42

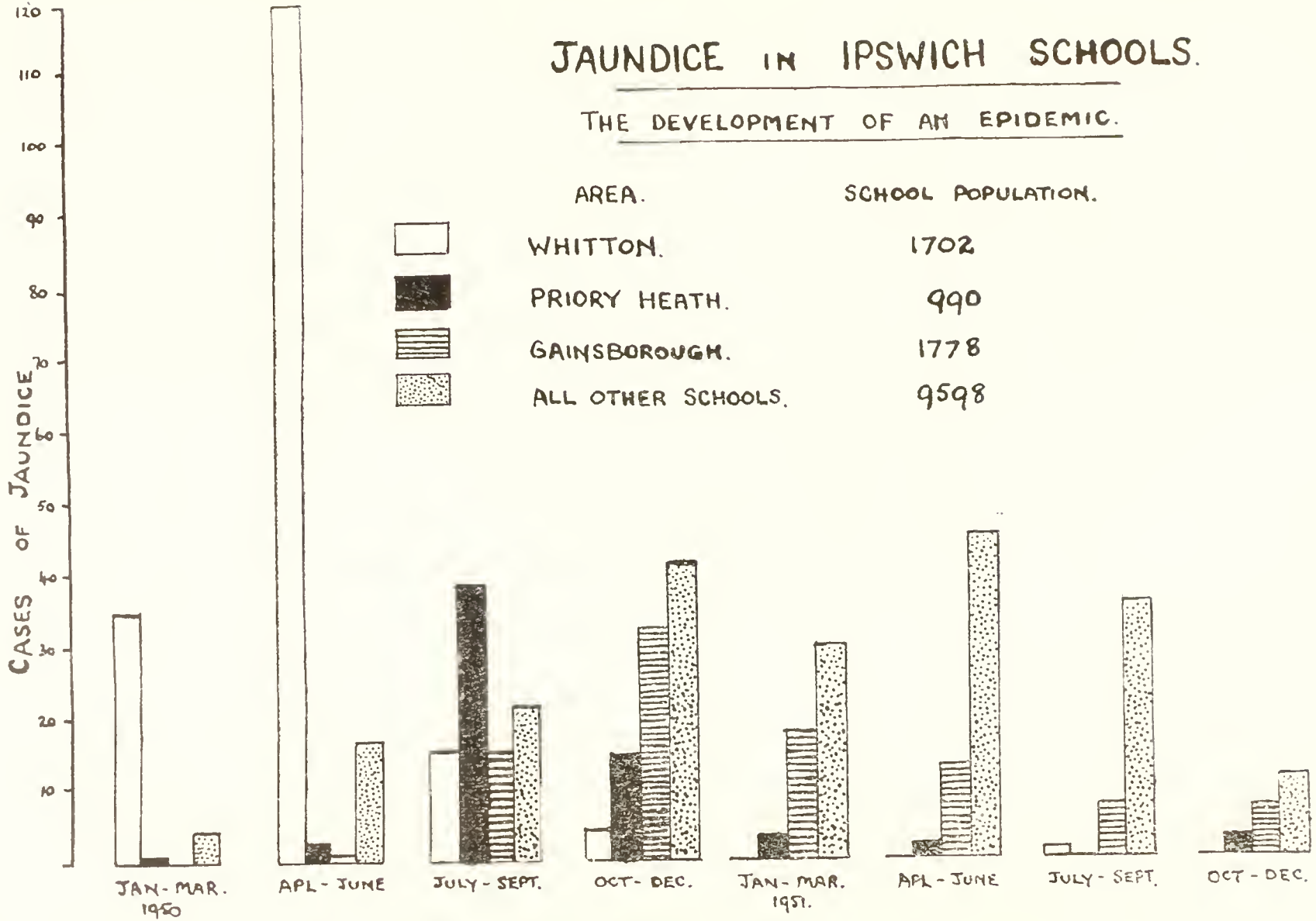
(e) INFECTIOUS JAUNDICE.

It is now possible to give a more complete picture of the outbreak of infectious jaundice which, during 1950 and 1951, was responsible for much loss of working time both among adults and children; the average period of absence from school amounted to almost exactly four weeks.

It will be recalled that infectious jaundice occurred originally among those living on the council estates at Whitton and later at Gainsborough. The wave of infection hit Whitton severely, but passed, leaving that particular community apparently immune; only two schoolchildren from this estate became jaundiced during 1951 as against 177 in the previous year. On the Gainsborough estate, the number of cases of jaundice reported fell throughout the year although an extension of the outbreak occurred in other areas of the town roughly corresponding to Cliff Lane, Clifford Road, Luther Road and Ranelagh Road schools. Several parts of the town appear to have escaped the infection altogether and at the end of the year there was every indication that the epidemic had run its course and was now dying out.

JAUNDICE IN IPSWICH SCHOOLS.

THE DEVELOPMENT OF AN EPIDEMIC.



PHYSICAL TRAINING.

The report of Mr. H. Stott, the Chief Organiser of Physical Training, is as follows:—

Periodic visits to schools by the Organisers have continued, but owing to the time allotted these of necessity are widely spaced. Head Teachers, however, can always contact the Organisers and ask them to visit if advice or help is specifically needed.

The standard of work throughout the year has been maintained, and in many primary and infant schools there has been improvement due to an increase in the amount of apparatus provided.

Games.

Netball. The A.E.N.A. film was shown in Ipswich schools on 24th and 25th September. 1,390 girls saw the film from the following schools:—

Priory Heath Mixed Secondary Modern.
Naeton Road Secondary Modern.
Copleston Secondary Modern.
Christchurch Secondary Modern.
St. Mary's R.C. Mixed.
Ipswich High School.
Northgate Grammar School.
Ipswich Convent of Jesus and Mary.

In addition, the film was shown at the Netball Umpires' Course on 26th September.

Schools' Tournament. The Suffolk Netball Association organised a Tournament to be held on 10th March. Forty-eight teams entered of which twenty-three were from eight Ipswich schools. The Tournament was cancelled owing to bad weather.

Netball Umpires' Course. This Course was run in conjunction with the East Suffolk County Education Committee and the Suffolk Netball Association. It was held at Copleston Secondary Modern Girls' School from 19th September to 17th October inclusive. Instructor—Miss R. B. Ayles.

Twenty-seven students enrolled, chiefly from Ipswich schools and clubs, and the work taken was both theoretical and practical. Following the Course sixteen sat for the A.E.N.A. Umpires' (theoretical) examination Part I, and fourteen qualified. Three have already passed their practical test, the remainder will be examined in the near future.

Youth Netball League Rally. This was held at Copleston Secondary Modern School on 11th July. Twenty teams entered, an increase of fourteen on the previous year. The Tournament, chiefly

organised by Miss Chapman, was excellently run and showed a marked improvement in standard. Both the league and the rally were won by All Saints' Youth Club.

Suffolk Netball Association Club Tournament. Ten teams entered for this Tournament, held on 23rd May at Copleston Secondary Modern Girls' School. The Tournament was won by the Kordites Netball Club.

HOCKEY.

Schools' County Trials. The Suffolk Women's Hockey Association Schools' Trials were held on the High School Ground on 27th October. Eleven girls from Ipswich schools were selected to play for the County 1st, 2nd and reserve teams.

Schools' Tournament. This Tournament organised by the S.W.H.A. on 17th March, was cancelled owing to bad weather.

TENNIS.

Schools' Tennis Coaching. All fourth-year girls in Secondary Modern Schools continued to have at least one year's tuition in tennis, either on school playgrounds or courts hired by the authority. This is considered to be of very real value to the girls as a form of social as well as physical recreation after leaving school.

Schools' Tournament. The Suffolk Schools' Tournament, sponsored by Ipswich and East Suffolk Education Authorities and the Suffolk Lawn Tennis Association, was held at the Northgate Boys' and Girls' Grammar Schools on 16th June.

Eight teams from Ipswich schools entered, the Girls' Section being won by Ipswich High School "B" team and the Boys' Section by Northgate Grammar School "A" team. Seventeen schools took part.

Demonstration. A demonstration was arranged by the S.L.T.A. in conjunction with the Central Council of Physical Recreation. This took place on 24th July on the Y.M.C.A. Courts. The demonstrators were Fred Perry and Dan Maskell.

BADMINTON.

A demonstration by County players was given to the recently formed Badminton Club of the Rushmere Hall Parent-Teachers Association.

The demonstration took place on 5th December and was greatly appreciated by the members. After the demonstration the County players partnered club players and finer points of the game were explained. The evening proved both helpful and stimulating to the Club.

ATHLETICS.

Courses for Coaches. Two courses for Men and Women Coaches of Athletics were held from 17th April to 14th June inclusive, at the Northgate Grammar School for Boys. Both track and field events were included.

Men's Course.—Instructor: Mr. F. W. Newborn. Of the twelve who attended, eight were from Ipswich schools, Youth Clubs or Ipswich Harriers.

Women's Course.—Instructor: Miss R. B. Ayles. Eleven attended, seven of whom were from Ipswich schools, G.N.T.C. and Ipswich Harriers.

Youth Sports. These were held on Sidegate Lane Playing Field on 18th July. Thirteen clubs entered, St. John's Youth Fellowship winning both the boys' and girls' trophies.

One Day Course. Following the Week-end Course at Westbourne Secondary Modern School on 11th and 12th November, 1950, a One-Day Course for Women Athletes and Coaches was held at the Northgate Grammar School for Boys on 21st April.

The Course was arranged by the S.A.A.A. and C.C.P.R. Mr. Ward, chief coach for the W.A.A.A. was in charge and brought two of the English Athletic team to demonstrate. Thirteen coaches and 67 athletes, chiefly schoolgirls, attended.

SWIMMING.

Schools' Tests. Swimming tests for style were held on 25th, 26th and 27th July, by the P.E. Organisers.

There was a definite improvement in the standard of all strokes and diving.

Schools' Swimming Sports. These were held at Broom Hill Baths on 19th July. The trophies were won by:—

Secondary Boys'—Northgate Grammar School for Boys.
Secondary Girls'—Northgate Grammar School for Girls.
Primary Boys'—Robeck, Smart Street and St. Matthew's.
Primary Girls'—St. Helen's.

Youth Swimming Sports. The Youth Swimming Sports were held at St. Matthew's Baths on 23rd July and aroused much interest and enthusiasm. It is suggested that, in order to encourage more members to enter and also to prevent any risk of strain to competitors, the number of events for each competitor should be limited to two and the relay.

PROVISION OF MEALS, MILK & SUPPLEMENTARY NOURISHMENT.

There was little alteration in the arrangements for provision of meals and milk to schoolchildren during the year ended 31st December, 1951. Four large kitchens continued to supply meals served either in adjacent dining rooms or sent out in containers to schools in the neighbourhood. The price charged to children was increased by the Ministry of Education from 6d. to 7d. but this was offset to some extent, in cases of need, by a more generous scale of remissions.

Rationed foods were allowed on the same scale as hitherto, except that the meat ration was increased from 2 3/5d. to 3d. per meal. The allocation of rationed foods was used to continue the provision of a meal giving 1,000 calories per scholar.

The following figures show the number of meals provided during particular weeks in the year:—

Week ended	*Free.*	*Paying.*	*Total.*
19. 1.51 ...	538	2,204	2,742
16. 3.51 ...	632	2,732	3,364
22. 6.51 ...	626	2,418	3,044
29. 9.51 ...	575	2,528	3,103
14.12.51 ...	599	3,054	3,653

The average number of one-third pint bottles of milk supplied daily to children was 11,362.

The number of children being supplied with other forms of supplementary nourishment at the end of the year was as follows:—

Cod Liver Oil & Malt ...	392
Maltoline	146
Adexolin	103

HANDICAPPED PUPILS.

During the year, 78 examinations were carried out by medical officers approved in connection with the ascertainment of educationally sub-normal children, with the following results:—

Classified as Educationally Sub-normal and	
(a) Recommended for admission to California Special School	13
(b) Recommended for special educational treatment in an ordinary school	5
(c) Recommended for attendance at Whitton Special School	3

Recommended for notification to Local Authority under Section 57(3) of the Education Act, 1944, as ineducable	5
Recommended for notification to Local Authority under Section 57(5) of the Education Act, 1944, on leaving school	14
Recommended for admission to a Residential Special School	3
To remain at California Special School	29
Referred for re-examination at a later date	6

The numbers of handicapped pupils in the various categories at the end of the year were:—

Blind	1	in a residential special school.
Partially Sighted	7	two in a residential special school.
Deaf	10	nine in residential special schools.
Partially Deaf	10	one in a residential special school and one awaiting a vacancy. Six had hearing aids.
Delicate	111	seven at Ogilvie School of Recovery, Clacton-on-Sea, and one-hundred at Whitton Special School.
Diabetic	Nil.	
Educationally sub-normal	150	five in residential special schools, eighty-one in California Special School, two of whom were awaiting vacancies in residential special schools.
Epileptics	3	in a residential special school.
Maladjusted	36	three in residential special schools or hostels.
Physically Handicapped	35	six in hospital schools, two at a residential special school, and nineteen at Whitton Special School.
Speech	122	seventy-two under treatment by Speech Therapist.

SPASTIC CHILDREN.

This condition usually combines muscular rigidity with weakness or even paralysis; it has many forms and many degrees of severity. Spasticity is sometimes associated with a severe degree of mental deficiency; with such children the school system is not concerned. On December 31st, 1951, there were, however, sixteen spastic children in

Ipswich who were probably capable of benefitting from education. Three of these were still attending the Occupation Centre, but their mental and physical condition appeared to justify a trial in school later. It is difficult to generalise as each child presents its own individual problems. Four children are so severely handicapped that they cannot walk without help; others, although perhaps limping, can get around almost as well as normal children, though naturally they may be a little unsteady on their feet and liable to suffer from minor injuries due to falls. Many are additionally handicapped, not merely by restrictions imposed by spastic muscles, but by the fact that their innate ability is poor.

Where physical disablement is severe spastic children are usually taught and cared for at Whitton Special School. These children take up a high proportion of the teacher's time, particularly because they seem to lack concentration and become tired easily unless their interest is constantly maintained, and also because of their difficulty in getting around and helping themselves to boards, pencils, etc.

While useful progress has been made in the case of all the spastic children concerned, and every effort has been made to help them, including modification of school furniture, it may be felt that with the present size of classes this can only have been achieved at the cost of the less handicapped.

Four spastic children are transported on one afternoon a week to the hospital physiotherapy department; this is in addition to the remedial exercises they carry out under the supervision of the part-time physiotherapist attending the school. One of the children with a severe speech defect has been receiving a great deal of help from the speech therapist amounting to a session each week of possibly 1 to 1½ hours. Three children, though falling into the spastic category are, in fact, considered as educationally sub-normal pupils and attend California Special School. In addition, three spastic children are attending ordinary schools.

It should be emphasised that a child does not necessarily require specialised schooling merely because he cannot take part in all the activities of a normal school where the education may well stand him in better stead than the modified tuition at a Special School, whether day or residential. Unsuccessful efforts have been made to arrange admission of two of the spastic children to residential schools specially planned to meet this difficult educational and social problem. There are, however, many spastic children who do not require such elaborate and expensive training even it it were obtainable. It is a mistake for parents to look on a residential special school as an ideal, when in fact, it may not serve the child's best interests.

EPILEPTICS.

Although only three pupils have been ascertained as handicapped and sent to a special residential school for epileptics, a total of thirty are believed to be liable to attacks of epilepsy in one or other of its forms. Many of these suffer from the so-called 'petit-mal' and only sixteen have had major epilepsy. Often the fits are infrequent and may not even have occurred for several years, but the children remain under continued supervision and medical treatment. They can in most cases continue to attend an ordinary school without harm to themselves or undue disturbance to others; obvious hazards, such as swimming or cycling are, however, best avoided.

While epilepsy is probably relatively more common among those of low intelligence—there are four epileptics at California Special (E.S.N.) School—it would be quite misleading to suggest that epileptics as a group are in any way mentally backward. A rather high number (seven) have been admitted to the Whitton Special School; in four of these children the epilepsy is associated with varying degrees of paralysis.

DIABETICS.

Diabetic children while requiring most careful medical supervision are not normally an educational problem. Diet and insulin must be strictly controlled but, with suitable instructions, in the vast majority of cases the parents—and often the children themselves—can be relied on to see that the prescribed regime is carried out. Of eight pupils known to be diabetics, it has not been considered necessary to recommend any for special educational treatment. It will be recalled however, that there are special residential hostels in various parts of the country designed to safeguard the health—and perhaps the life— of diabetic children whose home conditions are unsatisfactory.

CALIFORNIA SPECIAL SCHOOL.

	Boys.	Girls.	Total.
On Register December, 1950	55	34	89
Admitted during the year	5	7	12
Left during the year	13	7	20
Remaining December, 1951	47	34	81

At the end of the summer term, Mrs. N. M. Boreham retired after twenty-two years' association with the school. The headteacher of a special E.S.N. school has a position demanding the highest sense of vocation. Results are to be measured not so much in terms of reading and writing—though naturally any hard won success achieved along

these lines is valuable—but by the proportion of children passing through the school who have been fitted to earn their own living and who eventually settle down as responsible and law abiding citizens.

Of the six girls who left school in 1950, one—an epileptic—appears to be unemployable but the others have remained at work. Of the boys, one has had eight jobs in fifteen months, but the record of the other ten is excellent and compares favourably with the ordinary adolescent who often for a period after leaving school does not settle. During 1949, there were only two school leavers and both are still working for the same firm after nearly three years.

There is of course another side to the picture. Of the boys who left California Special School in 1950, three were already on probation and a fourth was put on probation six months later. One of these lads was subsequently found guilty of a more serious offence and following a direction of the Court, was certified under the M.D. Acts and detained in an institution.

While it is not for me to comment on the educational problems involved in teaching backward children, it is possible as a School Medical Officer to appreciate certain difficulties. The general position is brought out more clearly by the following figures in which the School population as at 31st December, 1951, has, for the purposes of illustration, been divided into three groups based on chronological ages; it should be borne in mind that the intelligence quotient (I.Q.) expresses the mental age of a child as a percentage of its chronological age.

	Chronological Ages.		
	6—9	10—12	13—15
Intelligence Quotient.			
Under 50	3	1	4
50 to 59	4	5	13
60 to 69	10	12	15
70 to 79	5	7	—
80 and over	1	1	—
Total children in group	23	26	32

It will be seen that, while there is a wide variation in the intelligence levels of children of roughly the same age, the children recommended for California Special School are not merely "educationally sub-normal" but backward largely as a result of their limited ability. Certain of the younger children whose I.Q.'s are below 50 should be considered on trial as it may be found that they are not capable of benefitting from continued education within the school system.

No fewer than thirteen of the children suffer from various speech defects. One—a boy of fifteen— though hearing normally, can rarely be persuaded to speak It is a recognised fact that children of poor intelligence do not respond well to speech training; two spastic cases attending the school are, however, at present attending the Speech Clinic.

During the autumn term, lighter forms of handwork have been included in the curriculum, e.g., leatherwork, raffia, and elementary book-binding. Visits were arranged to the exhibition of Live Fish at the Art Gallery much to the amusement and delight of all, and perhaps to the mystification of some.

WHITTON SPECIAL SCHOOL.

	Boys.	Girls.	Total.
On Register December, 1950	56	61	117
Admitted during the year	37	23	60
Left during the year	29	29	58
Remaining December, 1951	64	55	119

Children who entered the school during the year were diagnosed as follows:—

Debility	22
Respiratory Catarrh	11
Asthma	2
Orthopaedic Defects (Acquired) ...	1
Heart Defects—	
Congenital	2
Rheumatic	1
Epilepsy	3
Abnormalities of the Nervous System ...	2
T.B. Glands	4
Bones	1
Lungs	8
Meningitis	1
Other Congenital Defects	2

Whitton Special School was originally opened an April, 1930, and, during the intervening twenty-one years, 1,324 children have passed through the school. It is fitting in this anniversary year to recognise the part played by Open-Air Schools in the evolution of ideas on health and education. With the demonstration of the value of fresh air, good food and rest in the rehabilitation of weakly children, it was but a step to the acceptance of these principles in relation to the healthy. For many years now ordinary schools have been planned to

ensure ample light and space, and free ventilation. It is moreover, likely that the development of general schemes for milk and meals in school owe something to the experience gained in the more limited sphere of the Open Air School.

Although a number of school buildings still in use fall far short of modern standards, it may nevertheless be felt that the time will inevitably arise when special schools of the open-air type will be unnecessary. It might be well, therefore, to review those elements in the life at an Open Air School such as Whitton that make a contribution to the health of the pupils. On the nutritional side, the children are given a breakfast and tea besides the ordinary mid-day meal. They get three-quarters to one hour's rest, irrespective of age, after lunch; many in fact sleep soundly although all must lie down and keep quiet. The whole tempo of life is rather more leisurely than in the ordinary school and children are not so tempted to out-run their strength; no doubt some gain self-confidence from the fact that there are others who have obvious physical disabilities.

The educational curriculum is sufficiently flexible to permit as much out-of-door activity as the weather may permit; gardening in particular is a popular pastime. The classes are smaller than in most ordinary schools and allow a certain amount of individual attention being given to children who have fallen behind because, for example, of absence due to recurring illness. It cannot be denied, however, that the periods of formal teaching are shorter than senior pupils would normally receive and the intelligent children may miss the stimulus of competing with others of their own age and ability. It is the general aim, therefore, to return children to the normal school stream as early as possible bearing in mind, however, that a child who is not fully fit may be incapable of fully responding to ordinary class teaching; some of the children attending the Open Air School were in the first place referred for admission because they had been found dull and listless in class.

Children attending an Open-Air School enjoy a high degree of medical supervision, the medical officer attending during 1951 on twenty-three occasions; in addition a physiotherapist visited on two mornings a week to take selected groups for special remedial exercises. The following have received treatment:—

Postural and breathing exercises for asthma and bronchitis	18
Foot and postural exercises	2
Spastic children—varying needs ...	4
Stump exercises for those with artificial limbs	2
Cripples—exercises according to individual needs	5

Considering that some of the children suffer from serious disabilities, the percentage attendance has remained very high (80%). It is surprising how many children with very irregular school attendance records become good attenders on transfer to the Special School. While this is in part due to improved health, there is no doubt that there appears to be a change in the parents' attitude; they feel that the school understands and makes allowances for the special difficulties of these children and they are less ready to keep them away for trivial reasons. In addition, particularly among the more seriously crippled, attendance at any school would be difficult or impossible were it not for the fact that there is a special school bus which picks them up at convenient collecting points en route to the school.

It has been suggested that a number of young persons leaving Whitton Special School may meet problems not fully covered by existing employment or other social agencies. It is hoped, therefore, that informal contact will be maintained with the more seriously handicapped of the leavers until they reach the age of eighteen; the Superintendent Health Visitor has intimated that she is willing to carry out occasional evening visits with this object in view.

During the year the Head Teacher attended a course for teachers of physically handicapped children held at Bristol.

ISOLATION HOSPITAL SCHOOL.

Twelve Ipswich pupils requiring prolonged orthopaedic treatment were admitted to this Hospital School, and there were eight in attendance at the end of the year. The total number of children in attendance during 1951 was twenty-two. Seven were suffering from tuberculosis of bones or joints, four had developed Perthes disease, two were suffering from spastic conditions of the muscles, three had congenital deformities of the bones and one was suffering from paralysis following poliomyelitis.

SPEECH THERAPY.

Number of children under treatment during the year:—

Under five years	...	...	...	4
Five-fifteen years	...	...	...	90
			Total	94

Total new cases accepted for treatment during the year:—	
Under five years	3
Five-fifteen years	23
Detailed classification of defects under treatment:—	
Simple Dyslalia—(disordered articulation of one or two sounds but speech not unintelligible) ...	12
General Dyslalia—(disordered articulation of one or two sounds coupled with a language difficulty e.g. reading, writing or spelling)	9
Multiple Dyslalia—(articulation in which so many sounds are either disordered or omitted that speech is unintelligible)	26
Stammering	36
Stammering and Dyslalia	2
Cleft palate (having been operated on) ...	5
Other defects associated with partial deafness, spasticity, etc.	4
Children discharged from treatment:—	
Speech normal or substantially improved ...	21
On leaving school	6
To Clinics in other areas	1

Following Miss Lillywhite's resignation in May, 1951, there was a period of three months during which no Speech Therapy was available, but by the end of the year instruction was being given in four centres.

Allington House Clinic, Woodbridge Road	4 sessions a week
Public Health Department, Elm Street	3 ,, ,,
Gainsborough Clinic, Clapgate Lane ...	1 session a week
Whitton Clinic, Shakespeare Road ...	1 ,, ,,

Every effort has been made to shorten the waiting list and although this is proving possible in the areas served by the Allington House and Elm Street Clinics, there has been a corresponding increase in the number of cases in the Clapgate Lane and Whitton areas.

Visits were made to several schools in the town during the year and the head teachers and their staffs have been most helpful and co-operative.

Two of the children under treatment suffer from Cerebral Palsy, and have particularly severe speech defects. They present a problem educationally, and the severe speech defect makes the assessment of their mental capacity difficult. Owing to their physical disability, the acquisition of intelligible speech is a slow and laborious task and to obtain optimum results daily treatment would be necessary. This has not been possible owing to the large number of less severely handicapped children requiring treatment.

CHILD GUIDANCE.

The following section has been compiled from information supplied by the Consultant Psychiatrist.

Total number of new cases seen ...	126
Children of school age	95
Referred through S.M.O.	55
Pre-school children referred through S.M.O.	8
Cases under treatment at the end of the year	104
Cases on Waiting List	7

Age and Sex Distribution.

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Boys	1	2	6	7	8	8	5	6	7	11	1	2	2	3	2	—	—	1
Girls	—	2	6	5	7	1	6	5	7	2	3	2	2	3	1	2	—	—
Total	1	4	12	12	15	9	11	11	14	13	4	4	4	6	3	2	—	1

Grand Total ... 126

The help that can be given to parents and teachers in solving behaviour problems among children is becoming more widely known, and the number of cases under treatment at the end of the year shows a considerable increase. It is particularly interesting to note that the number of children of five and under who were referred for treatment has almost doubled; this is a welcome trend as more can often be achieved when the child is seen early on when the psychological basis of the difficulty is not so deeply rooted.

MISCELLANEOUS.

(a) Employment of Children.

(i) (Section 18 of Children & Young Persons Act, 1933), chiefly in connection with the sale of newspapers.
327 children were examined during the year and in no instance was a licence refused on medical grounds.

(ii) (Section 22 of Children & Young Persons Act, 1933), with reference to the taking part in entertainments.
25 children were examined, all of whom were passed.

(b) Children's Homes. Medical Officers of the department provide General Medical Services for the children at Freelands Nursery and the Children's Home, 158, Foxhall Road (approx. 46). In addition these children were examined periodically every six months and also prior to admission and boarding out. At the request of the Children's Officer, routine examinations were also carried out on children in the care of foster parents.

(c) Juvenile Delinquency.

Delinquency presents problems not dissimilar to those facing preventive medicine. First comes detection, then an attempt to determine the underlying causes and finally treatment of the individual, both in his own interests and those of the community.

Although the psychiatrist has an important, but limited, part to play, the handling of juvenile delinquents rightly remains within the specialised province of the police, the courts, probation officers, approved schools, etc.

The Chief Constable has kindly supplied particulars relating to the principal indictable offences committed by juveniles during the past four years together with the results of court proceedings. It is perhaps fortunate that the natural pranks of school boys do not more often result in that extra step which brings them into conflict with the Law.

TABLE A.

Principal Indictable offences committed by Juveniles.

	1948	1949	1950	1951
Total Offences	203	119	171	166
Shop-breaking	11	7	9	18
House-Breaking	3	2	4	5
Larceny from dwelling houses ...	6	2	1	3
Larceny by Servants	7	4	6	6
Larceny of Cycles	13	9	11	9
Larceny from Unattended Vehicles	23	7	10	14
Larceny from Shops, stalls, etc. ...	51	44	64	34
Other Larcenies	76	41	52	69

TABLE B.

Results of Court Proceedings for Indictable offences committed by Juveniles.

	1948	1949	1950	1951
Proceeded against —Males ...	111	110	100	110
Females ...	8	17	6	14
Totals ...	119	127	106	124
Apprehended	72	56	46	46
Summoned	47	71	60	78
Convicted—dismissed under probation of Offenders Act or absolute discharge	38	16	4	5
Convicted—conditional discharge	5	28	36	34
Probation	55	54	41	56
Approved School	8	2	8	6
Committed to Remand Home ...	1	2	5	—
Fined	7	21	2	14
Placed in care of Fit Person ...	—	—	—	1

(d) Difficult and Problem Families.

Although the general standard of parental care has improved during recent years, there is still a hard core of 'problem families' in which the home conditions are sufficiently unsatisfactory to justify the continued attention of Health Visitors and School Nurses. As the result of a recent enquiry, it was found that there were some forty-five families known to the department where indifference or a definite anti-social attitude was responsible for very unsatisfactory living conditions and ineffective parental care for the children. Considerable time and attention was devoted to these families during the course of the year, often without obvious results.

As in previous years we had the full co-operation of Mr. Tomkins, the local Inspector of the National Society for the Prevention of Cruelty to Children. He, at my request, dealt with some 15 families involving 48 children. He classified the cases as follows and paid 89 visits:—

General Neglect	10
Ill-treatment	5
	15

The Inspector also dealt with 83 other families. Of the 181 children in these families, 95 were of school age. The complaints were classified as:—

Neglect	44
Advice and Help sought	25
Ill-treatment	14
	83

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.	
Entrants	1,558
Second Age Group	1,069
Third Age Group	1,101
Total ...	3,728
Number of other Periodic Inspections	674
Grand Total ...	4,402

B.—OTHER INSPECTIONS.

Number of Special Inspections	6,456
Number of Re-Inspections	9,579
Total ...	16,035

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants	32	261	291
Second Age Group ...	86	160	245
Third Age Group ...	86	100	183
Total (prescribed groups)	204	521	719
Other Periodic Inspections	34	150	176
Grand Total ...	238	671	895

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1951.

Defect Code No.	Defect or Disease.	Periodic Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	96	36	556	9
5	Eyes—				
	(a) Vision	238	106	94	35
	(b) Squint	47	16	20	5
	(c) Other	36	12	193	3
6	Ears—				
	(a) Hearing ...	11	24	14	12
	(b) Otitis Media ...	22	44	21	3
	(c) Other	16	14	132	6
7	Nose or Throat ...	125	325	344	100
8	Speech	10	15	25	15
9	Cervical glands ...	10	81	20	25
10	Heart & Circulation ...	20	184	15	27
11	Lungs	36	145	43	45
12	Developmental—				
	(a) Hernia ...	8	14	2	2
	(b) Other	15	42	6	11
13	Orthopaedic—				
	(a) Posture ...	13	103	20	28
	(b) Flat Foot ...	112	80	49	22
	(c) Other	138	155	67	38
14	Nervous System—				
	(a) Epilepsy ...	4	1	3	1
	(b) Other	10	12	6	3
15	Psychological—				
	(a) Development ...	13	14	7	7
	(b) Stability ...	17	45	22	13
16	Other	25	60	2,695	34

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair.)		C. (Poor).	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,558	1,053	67.59	487	31.26	18	1.15
Second Age Group	1,069	622	58.19	429	40.13	18	1.68
Third Age Group ...	1,101	780	70.85	304	27.61	17	1.54
Other Periodic Inspections ...	674	449	66.61	210	31.16	15	2.23
Total	4,402	2,904	65.97	1,430	32.49	68	1.54

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ...	46,200
(ii)	Total number of *individual* pupils examined ...	14,045
(iii)	Total number of *individual* pupils found to be infested	751
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III.)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm: (i) Scalp	—	—
(ii) Body	3	—
Scabies	7	—
Impetigo	34	—
Other skin diseases	484	—
Total ...	528	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	165	—
Errors of Refraction (including squint)	—	464
Total ...	165	464
Number of pupils for whom spectacles were—		
(*a*) Prescribed	—	275
(*b*) Obtained	—	263

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(*a*) for diseases of the ear ...	—	—
(*b*) for adenoids and chronic tonsillitis	—	—
(*c*) for other nose and throat conditions	—	—
Received other forms of treatment ...	142	—
Total ...	142	—

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	—	
	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	—	—

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	95

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	90	3

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments ...	2,930	—
(*b*) Other	—	—
Total ...	2,930	—

NOTE:—

In view of the fact that it has not, up to the present, been possible to arrange with the Ipswich Hospital Management Committee for the submission of information to the Local Authority in respect of all schoolchildren receiving treatment in hospitals, it is not possible to give any reliable information in Groups 1, 3, 4 and 7 of Table IV regarding treatment carried out otherwise than by the Local Authority.

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers.		
	(a) Periodic age groups		9,018
	(b) Specials		2,027
		Total	11,045
(2)	Number found to require treatment		6,693
(3)	Number referred for treatment		6,693
(4)	Number actually treated		4,909
(5)	Attendances made by pupils for treatment ...		8,075
(6)	Half-days devoted to: Inspection		77
	Treatment		1,085
		Total	1,162
(7)	Fillings: Permanent Teeth		4,932
	Temporary Teeth		466
		Total	5,398
(8)	Number of teeth filled: Permanent Teeth ...		3,942
	Temporary Teeth ...		440
		Total	4,382
(9)	Extractions: Permanent Teeth		750
	Temporary Teeth		5,393
		Total	6,143
(10)	Administration of general anaesthetics for extraction		3,183
(11)	Other operations: Permanent Teeth ...		518
	Temporary Teeth ...		102
		Total	620

GENERAL—1951.

Week Ending			BIRTHS. Domiciliary	BIRTHS. Institutional	Total Number of Births.	STILL-BIRTHS. Dom.	STILL-BIRTHS. Inst.	Total Number of Still-Births.	DEATHS. — 1 L.	DEATHS. — 1 I.	DEATHS. — 1 T.	HOME VISITS. Infants — 1 1st	Infants — 1 T.	Children 1 - 5 1st	Children 1 - 5 T.	Total — 5 1st	Total — 5 T.	Special Visits 1st.	Special Visits T.	No Replies	Total Visits
January ...	6	1	9	7	16	1	—	1	—	1M.	1	35	264	6	269	41	533	—	—	119	652
	13	2	12	14	26	—	—	—	—	—	—	32	249	6	266	38	515	—	1	112	628
	20	3	27	12	39	—	—	—	1	—	1	23	191	6	245	29	436	—	—	77	513
	27	4	20	25	45	1	1	2	1	1 F.	2	25	206	1	232	26	438	3	3	102	543
February ...	3	5	19	12	31	—	—	—	1	—	1	61	267	4	231	65	498	—	—	93	591
	10	6	20	10	30	—	—	—	—	—	—	24	189	4	152	28	341	—	—	77	418
	17	7	19	17	36	—	1	1	—	—	—	37	267	4	273	41	540	1	1	85	626
	24	8	13	12	25	—	1	1	—	—	—	46	272	1	347	47	619	—	—	110	729
March ...	3	9	28	15	43	—	1	1	1	—	1	38	268	2	321	40	589	—	—	120	709
	10	10	24	9	33	—	—	—	—	—	—	36	249	1	355	37	604	—	—	137	741
	17	11	24	12	36	1	—	1	2	1 M.	3	43	286	2	353	45	639	—	—	125	764
	24	12	26	12	38	2	1	3	2	—	2	30	197	1	261	31	458	—	—	107	565
	31	13	19	12	31	—	1	1	—	—	—	31	196	1	216	32	412	—	—	91	503
1st Quarter			260	169	429	5	6	11	8	3	11	461	3101	39	3521	500	6622	4	5	1355	7982
April ...	7	14	25	21	46	1	2	3	4	—	4	33	246	7	266	40	512	—	—	115	627
	14	15	36	15	51	—	—	—	2	—	2	55	279	2	338	57	617	—	—	146	763
	21	16	23	8	31	—	—	—	—	1 F.	1	40	240	—	345	40	585	2	2	131	718
	28	17	18	6	24	—	—	—	1	—	1	47	274	3	402	50	676	—	—	163	839
May ...	5	18	20	19	39	—	—	—	3	—	3	33	233	3	323	36	556	—	—	118	674
	12	19	24	15	39	—	—	—	2	—	2	46	231	4	254	50	485	—	—	98	583
	19	20	23	9	32	—	—	—	—	—	—	24	108	1	117	25	225	—	—	43	268
	26	21	24	13	37	—	—	—	—	1 F.	1	39	183	—	238	39	421	—	—	97	518
June ...	2	22	24	11	35	—	—	—	—	—	—	36	212	2	304	38	516	—	—	121	637
	9	23	15	14	29	1	2	3	2	—	2	45	212	—	287	45	499	—	—	112	611
	16	24	14	14	28	—	—	—	—	—	—	42	245	—	274	42	519	1	1	138	658
	23	25	27	14	41	—	1	1	—	—	—	38	230	2	255	40	485	—	—	112	597
	30	26	8	13	21	—	2	2	—	—	—	34	273	1	316	35	589	—	—	129	718
2nd Quarter			281	172	453	2	7	9	14	2	16	512	2966	25	3719	537	6685	3	3	1523	8211
July ...	7	27	14	10	24	—	2	2	1	—	1	35	260	1	311	36	571	1	1	122	694
	14	28	21	8	29	—	1	1	1	—	1	39	261	4	338	43	599	—	—	130	729
	21	29	16	17	33	—	—	—	2	—	2	23	204	1	309	24	513	—	—	126	639
	28	30	24	12	36	—	—	—	1	—	1	24	188	3	276	27	464	—	—	118	582
August ...	4	31	16	11	27	—	2	2	1	—	1	37	173	1	220	38	393	—	—	129	522
	11	32	20	17	37	—	—	—	—	—	—	27	123	—	195	27	318	—	—	79	397
	18	33	20	17	37	—	—	—	1	—	1	44	210	5	273	49	483	—	—	95	578
	25	34	17	12	29	—	—	—	1	—	1	38	254	2	259	40	513	—	—	108	621
September ...	1	35	16	11	27	—	—	—	—	—	—	38	195	3	225	41	420	—	—	109	529
	8	36	17	5	22	1	—	1	—	—	—	24	162	2	255	26	417	—	—	74	491
	15	37	21	19	40	—	—	—	—	1 F.	1	26	168	3	214	29	382	—	—	90	472
	22	38	15	9	24	1	—	1	1	—	1	36	238	2	217	38	455	—	—	75	530
	29	39	22	17	39	—	—	—	—	—	—	34	259	5	289	39	548	—	—	121	669
3rd Quarter			239	165	404	2	5	7	9	1	10	425	2695	32	3381	457	6076	1	1	1376	7453
October ...	6	40	17	11	28	1	—	1	—	1M.	1	41	263	—	310	41	573	1	1	101	675
	13	41	17	10	27	—	—	—	1	—	1	29	270	4	317	33	587	—	—	118	705
	20	42	14	10	24	—	—	—	1	—	1	26	247	1	309	27	556	—	—	126	682
	27	43	13	18	31	—	—	—	—	—	—	46	288	6	373	52	661	—	—	116	777
November ...	3	44	19	9	28	—	—	—	2	—	2	23	189	3	267	26	456	—	—	81	537
	10	45	15	16	31	—	—	—	—	—	—	25	217	2	259	27	476	—	—	87	563
	17	46	19	13	32	1	—	1	2	—	2	40	199	2	255	42	454	—	—	102	556
	24	47	17	10	27	—	1	1	1	—	1	42	264	—	328	42	592	—	—	121	713
December ...	1	48	26	15	41	1	—	1	1	—	1	46	247	2	324	48	571	—	—	122	693
	8	49	17	17	34	—	2	2	4	—	4	25	248	—	302	25	550	—	1	134	685
	15	50	18	9	27	—	—	—	—	—	—	49	259	2	293	51	552	1	1	97	650
	22	51	13	7	20	1	—	1	—	—	—	33	214	—	198	33	412	—	—	102	514
	29	52	23	10	33	—	—	—	—	—	—	12	47	5	51	17	98	—	—	10	108
	31	53	3	3	6	—	—	—	—	—	—	13	56	—	50	13	106	—	—	11	117
4th Quarter			231	158	389	4	3	7	12	1	13	450	3008	27	3636	477	6644	2	3	1328	7975
Total Whole Year			1011	664	1675	13	21	34	43	7	50	1848	11770	123	14257	1971	26027	10	12	5582	31621
Transfers			—	—	—	—	—	—	2	—	2										
			—	—	—	—	—	—	45	7	52										

VISITS TO CENTRES.

Week Ending			ELM STREET. Infants — 1 New	1st V., 1951	Re-V.	T.	Children 1-5 New	1st V., 1951	Re-V.	T.	GAINSBOROUGH. Infants — 1 New	1st V., 1951	Re-V.	T.	Children 1-5 New	1st V., 1951	Re-V.	T.	WHITTON. Infants — 1. New	1st V., 1951	Re-V.	T.	Children 1-5. New	1st V., 1951	Re-V.	T.	ALLINGTON HOUSE. Infants — 1. New	1st V., 1951	Re-V.	T.	Children 1-5. New	1st V., 1951	Re-V.	T.	TOTAL. New	1st V., 1951	Re-V.	Total.
January ...	6	1	6	39	—	54	1	39	—	40	6	39	3	48	1	26	—	27	3	39	3	45	1	8	—	9	2	30	2	34	—	21	—	21	22	248	8	278
	13	2	12	36	19	67	4	39	4	47	9	32	16	57	2	29	3	34	5	35	13	53	—	19	1	20	4	45	11	60	10	33	1	44	46	268	68	382
	20	3	23	19	6	245	29	436	—	—	77	513	6	22	32	60	1	28	8	37	5	17	30	52	2	21	7	30	2	12	24	38	1	18	2	21	5	23	25	53	2	38	5	45	24	179	133	336
	27	4	25	206	1	232	26	438	3	3	102	543	3	7	34	44	1	20	7	28	4	10	44	58	—	23	18	41	—	11	27	38	1	19	8	28	6	5	24	35	2	15	14	31	17	110	176	303
February ...	3	5	61	267	4	231	65	498	—	—	93	591	7	9	39	55	1	10	14	25	3	4	43	50	—	13	20	33	2	—	35	37	2	7	11	20	2	6	36	44	2	15	15	32	19	64	213	296
	10	6	24	189	4	152	28	341	—	—	77	418	13	6	60	79	1	21	31	53	8	6	48	62	—	17	26	43	7	2	33	42	1	8	9	18	15	7	46	68	1	8	17	26	46	75	270	391
	17	7	37	267	4	273	41	540	1	1	85	626	5	12	44	61	3	13	16	32	7	3	44	54	2	14	18	34	7	3	29	39	2	4	5	11	5	1	38	44	2	9	22	33	33	59	216	308
	24	8	46	272	1	347	47	619	—	—	110	729	10	3	45	58	—	11	15	26	6	2	61	69	—	10	34	44	6	2	38	46	3	10	12	25	6	2	56	64	—	13	24	37	31	53	285	369
March ...	3	9	38	268	2	321	40	589	—	—	120	709	1	2	57	60	3	15	20	38	4	2	49	55	1	8	30	39	6	3	28	37	1	9	13	23	6	3	63	72	3	15	30	48	25	57	290	372
	10	10	36	249	1	355	37	604	—	—	137	741	8	5	47	60	2	13	31	46	8	—	56	64	—	6	23	29	5	—	34	39	—	6	12	18	—	1	57	58	—	5	24	29	23	36	284	343
	17	11	43	286	2	353	45	639	—	—	125	764	7	—	49	56	—	9	22	31	5	—	46	51	—	12	27	39	9	1	29	39	—	8	19	27	4	2	54	60	1	14	25	40	26	46	271	343
	24	12	30	197	1	261	31	458	—	—	107	565	5	3	41	49	1	6	19	26	7	1	50	64	2	11	21	34	3	1	31	35	1	3	12	16	7	1	47	55	—	3	26	29	26	29	253	308
	31	13	31	196	1	216	32	412	—	—	91	503	6	1	35	42	1	7	17	25	4	—	48	52	—	8	18	26	6	4	44	54	1	4	14	19	1	—	57	58	1	8	23	32	20	32	256	308
1st Quarter			461	3101	39	3521	500	6622	4	5	1355	7982	91	152	502	745	19	231	204	454	76	116	544	736	10	198	245	453	61	113	368	542	14	123	118	255	63	126	516	705	24	197	226	447	358	1256	2723	4337
April ...	7	14	33	246	7	266	40	512	—	—	115	627	15	1	64	80	2	8	28	38	6	—	56	56	—	7	29	36	9	—	33	42	2	9	11	22	7	—	68	75	—	7	22	29	41	32	305	378
	14	15	55	279	2	338	57	617	—	—	146	763	7	1	60	68	3	9	31	43	10	2	63	75	2	16	45	63	7	—	48	55	3	5	23	31	7	1	58	66	1	7	31	39	40	41	359	440
	21	16	40	240	—	345	40	585	2	2	131	718	6	2	58	66	2	14	28	44	3	1	57	61	1	10	25	36	5	—	54	59	—	7	21	28	5	1	72	78	—	9	43	52	22	44	358	424
	28	17	47	274	3	402	50	676	—	—	163	839	15	—	49	64	2	7	31	40	6	—	77	83	—	12	32	44	5	—	43	48	4	5	18	27	4	—	72	76	3	3	26	32	39	27	348	414
May ...	5	18	33	233	3	323	36	556	—	—	118	674	7	3	53	63	3	6	30	39	8	—	52	60	—	6	36	42	9	—	41	50	—	8	22	30	4	1	69	74	1	7	42	50	32	31	345	408
	12	19	46	231	4	254	50	485	—	—	98	583	10	—	52	62	2	8	25	35	10	—	55	65	1	7	31	39	8	1	59	68	1	5	18	24	1	—	52	53	—	3	27	30	33	24	319	376
	19	20	24	108	1	117	25	225	—	—	43	268	5	3	37	45	—	5	21	26	2	—	51	53	1	7	21	29	6	—	42	48	2	3	17	22	4	—	62	66	3	4	32	39	23	22	283	328
	26	21	39	183	—	238	39	421	—	—	97	518	12	—	48	60	3	6	26	35	3	—	68	71	2	10	34	46	6	—	46	52	1	5	19	25	4	2	59	65	1	4	31	36	32	27	331	390
June ...	2	22	36	212	2	304	38	516	—	—	121	637	10	1	65	76	1	7	27	35	3	—	57	60	—	13	21	34	3	—	45	48	2	4	25	31	5	—	68	73	1	2	38	41	25	27	346	398
	9	23	45	212	—	287	45	499	—	—	112	611	9	—	63	72	1	7	48	56	5	—	58	63	1	7	30	38	8	—	46	54	2	5	29	36	2	—	69	71	1	4	41	46	29	23	384	436
	16	24	42	245	—	274	42	519	1	1	138	658	15	—	57	72	—	3	33	36	6	—	69	75	2	11	29	42	4	1	58	63	6	7	27	40	6	—	65	71	—	3	30	33	39	25	368	432
	23	25	38	230	2	255	40	485	—	—	112	597	4	—	56	60	3	7	31	41	7	1	60	68	1	3	33	37	9	1	44	54	2	4	24	30	2	1	60	63	—	4	34	38	28	21	342	391
	30	26	34	273	1	316	35	589	—	—	129	718	3	—	54	57	2	5	28	35	6	—	67	73	4	6	28	38	5	—	39	44	2	3	17	22	9	—	49	58	1	2	34	37	32	16	316	364
2nd Quarter			512	2966	25	3719	537	6685	3	3	1523	8211	118	11	716	845	24	92	387	503	75	4	784	863	15	115	394	524	84	3	598	685	27	70	271	368	60	6	823	889	12	59	431	502	415	360	4404	5179
July ...	7	27	35	260	1	311	36	571	1	1	122	694	10	—	54	64	2	2	39	43	3	—	52	55	1	3	30	34	7	—	52	59	1	4	22	27	4	—	66	70	5	7	42	54	33	16	357	406
	14	28	39	261	4	338	43	599	—	—	130	729	9	1	55	65	2	2	29	33	9	—	66	75	1	4	35	40	5	—	51	56	—	7	27	34	8	—	63	71	1	2	30	33	35	16	356	407
	21	29	23	204	1	309	24	513	—	—	126	639	8	—	64	72	—	8	25	33	3	—	50	53	1	2	24	27	9	—	51	60	2	2	22	26	6	—	72	78	1	3	36	40	30	15	344	389
	28	30	24	188	3	276	27	464	—	—	118	582	3	—	52	55	2	7	37	46	1	—	67	68	1	6	26	33	4	—	53	57	4	1	27	32	2	—	47	49	1	6	32	39	18	20	341	379
August ...	4	31	37	173	1	220	38	393	—	—	129	522	5	—	59	64	2	1	22	25	3	—	48	51	—	3	24	27	2	—	42	44	2	5	19	26	7	—	61	68	3	2	24	29	24	11	299	334
	11	32	27	123	—	195	27	318	—	—	79	397	8	1	51	60	3	2	16	21	1	—	46	47	—	7	20	27	5	—	51	56	1	1	14	16	7	—	55	62	—	3	22	25	25	14	275	314
	18	33	44	210	5	273	49	483	—	—	95	578	7	—	66	73	2	3	35	40	6	—	69	75	1	2	22	25	7	—	38	45	2	3	24	29	4	—	71	75	1	5	31	37	30	13	356	399
	25	34	38	254	2	259	40	513	—	—	108	621	14	—	54	68	1	5	25	31	6	—	54	60	3	3	24	30	3	—	53	56	1	1	24	26	5	—	59	64	2	2	23	27	35	11	316	362
September ...	1	35	38	195	3	225	41	420	—	—	109	529	8	—	65	73	2	4	33	39	2	—	59	61	3	5	26	34	4	—	38	42	—	1	26	27	5	—	61	66	—	—	28	28	24	10	336	370
	8	36	24	162	2	255	26	417	—	—	74	491	7	—	73	80	2	3	28	33	4	—	53	57	1	6	39	46	7	—	48	55	1	4	23	28	1	—	48	49	2	3	58	63	25	16	370	411
	15	37	26	168	3	214	29	382	—	—	90	472	4	1	61	66	—	3	33	36	5	—	58	63	1	3	34	38	7	—	56	63	—	2	26	28	6	—	57	63	—	2	24	26	23	11	349	383
	22	38	36	238	2	217	38	455	—	—	75	530	7	—	66	73	1	5	24	30	5	—	56	61	2	3	45	50	5	—	54	59	1	2	28	31	3	—	70	73	2	3	38	43	26	13	381	420
	29	39	34	259	5	289	39	548	—	—	121	669	4	—	59	63	4	1	25	30	5	—	49	54	4	—	27	31	2	—	56	58	4	3	26	33	3	—	63	66	1	3	38	42	27	7	343	377
3rd Quarter			425	2695	32	3381	457	6076	1	1	1376	7453	94	3	779	876	23	46	371	440	53	—	727	780	19	47	376	442	67	—	643	710	19	36	308	363	61	—	793	854	19	41	420	486	355	173	4423	4951
October ...	6	40	41	263	—	310	41	573	1	1	101	675	6	—	61	67	4	1	26	31	4	—	53	57	1	3	45	49	3	—	43	46	2	3	23	28	3	—	71	74	1	1	38	40	24	8	360	392
	13	41	29	270	4	317	33	587	—	—	118	705	7	—	56	63	1	3	34	38	4	—	53	57	—	2	34	36	12	—	51	63	4	2	17	23	3	—	70	73	2	3	40	45	33	10	355	398
	20	42	26	247	1	309	27	556	—	—	126	682	9	—	55	64	—	2	33	35	4	—	57	61	—	3	40	43	7	—	53	60	1	1	11	13	6	—	69	75	—	6	47	53	27	12	365	404
	27	43	46	288	6	373	52	661	—	—	116	777	7	—	54	61	1	2	20	23	3	—	42	45	—	3	29	32	10	—	48	58	3	2	25	30	4	—	59	63	—	4	20	24	28	11	297	336
November ...	3	44	23	189	3	267	26	456	—	—	81	537	3	—	36	39	—	2	35	37	4	—	42	46	2	4	22	28	4	—	35	39	2	2	16	20	5	—	53	58	4	2	23	29	24	10	262	296
	10	45	25	217	2	259	27	476	—	—	87	563	4	—	46	50	1	—	26	27	2	—	44	46	—	6	39	45	3	—	52	55	1	—	21	22	5	2	65	72	3	—	43	46	19	8	336	363
	17	46	40	199	2	255	42	454	—	—	102	556	8	—	49	57	2	—	22	24	5	—	52	57	1	1	42	44	5	—	44	49	1	—	25	26	—	—	56	56	2	2	50	54	24	3	340	367
	24	47	42	264	—	328	42	592	—	—	121	713	8	—	45	53	5	—	27	32	2	—	29	31	—	3	39	42	3	—	31	34	—	—	18	18	1	—	48	49	1	—	29	30	20	3	266	289
December ...	1	48	46	247	2	324	48	571	—	—	122	693	10	—	40	50	1	—	29	30	4	—	41	45	—	—	28	28	7	—	50	57	3	—	23	26	2	—	61	63	2	—	50	52	29	—	322	351
	8	49	25	248	—	302	25	550	—	1	134	685	5	—	45	50	7	—	28	35	1	—	32	33	3	2	20	25	6	—	52	58	4	—	13	17	3	—	46	49	—	—	37	37	29	2	273	304
	15	50	49	259	2	293	51	552	1	1	97	650	11	—	49	60	2	—	25	27	2	—	28	30	3	5	23	31	3	—	30	33	—	—	16	16	4	—	43	47	—	—	25	25	25	5	239	269
	22	51	33	214	—	198	33	412	—	—	102	514	6	—	55	61	—	—	19	19	2	—	32	34	—	2	28	30	5	—	45	50	—	—	23	23	1	—	59	60	1	—	41	42	15	2	302	319
	29	52	12	47	5	51	17	98	—	—	10	108	5	—	2	7	—	—	10	10	1	—	11	12	—	1	6	7	7	—	13	20	1	—	5	6	1	—	14	15	—	—	12	12	15	1	73	89
	31	53	13	56	—	50	13	106	—	—	11	117	2	—	11	13	2	—	7	9	1	—	9	10	—	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	36	41
4th Quarter			450	3008	27	3636	477	6644	2	3	1328	7975	91	—	604	695	26	10	341	377	39	—	525	564	10	35	404	449	75	—	547	622	22	10	236	268	38	2	714	754	16	18	455	489	317	75	3826	4218
Total Whole Year			1848	11770	123	14257	1971	26027	10	12	5582	31621	394	166	2601	3161	92	379	1303	1774	243	120	2580	2943	54	395	1419	1868	287	116	2156	2559	82	239	933	1254	222	134	2846	3202	71	315	1538	1924	1445	1864	15376	18685

Maidenhall Clinic — opened 6th November, 1951 — not included in above Tables.

ANTE AND POST NATAL, 1951

ANTE-NATAL

Week Ending			ELM ST. New Cases	ELM ST. 1st V., 1951	ELM ST. Re-visits	ELM ST. Total	GAINSBOROUGH New Cases	GAINSBOROUGH 1st V., 1951	GAINSBOROUGH Re-visits	GAINSBOROUGH Total	WHITTON New Cases	WHITTON 1st V., 1951	WHITTON Re-visits	WHITTON Total	ALLINGTON HOUSE New Cases	ALLINGTON HOUSE 1st V., 1951	ALLINGTON HOUSE Re-visits	ALLINGTON HOUSE Total	TOTAL New Cases	TOTAL 1st V., 1951	TOTAL Re-visits	TOTAL Total
January ...	6	1	6	30	—	36	4	20	—	24	3	16	—	19	4	—	—	4	17	66	—	83
	13	2	4	7	11	22	1	12	3	16	4	10	4	18	2	5	—	7	11	34	18	63
	20	3	5	13	19	37	4	2	11	17	6	8	13	27	1	2	2	5	16	25	45	86
	27	4	8	8	15	31	7	—	10	17	6	5	13	24	3	3	2	8	24	16	40	80
February ...	3	5	6	2	28	36	2	—	15	17	3	1	16	20	2	—	2	4	13	3	61	77
	10	6	12	1	27	40	3	—	13	16	3	—	16	19	5	—	6	11	23	1	62	86
	17	7	12	—	27	39	8	—	13	21	5	—	21	26	2	—	5	7	27	—	66	93
	24	8	12	—	20	32	10	—	10	20	5	—	17	22	3	—	4	7	3	—	51	81
March ...	3	9	14	1	28	43	3	—	13	16	1	—	12	13	5	—	6	11	23	1	59	83
	10	10	5	—	29	34	9	—	15	24	7	—	17	24	3	—	4	7	24	—	65	89
	17	11	19	—	31	50	9	—	13	22	5	—	17	22	1	—	4	5	34	—	65	99
	24	12	7	—	19	26	5	—	16	21	2	—	18	20	2	—	5	7	16	—	58	74
	31	13	15	—	30	45	4	—	9	13	2	—	12	14	4	—	8	12	25	—	59	84
1st Quarter			125	62	284	471	69	34	141	244	52	40	176	268	37	10	48	95	283	146	649	1078
April ...	7	14	8	—	28	36	3	—	8	11	9	—	23	32	11	—	5	16	31	—	64	95
	14	15	16	—	29	45	4	—	16	20	8	—	22	30	—	—	12	12	28	—	79	107
	21	16	13	—	21	34	2	—	10	12	1	—	14	15	—	—	8	8	16	—	53	69
	28	17	7	—	29	36	4	—	15	19	2	—	14	16	1	—	10	11	14	—	68	82
May ...	5	18	6	—	23	29	8	—	11	19	6	—	18	24	7	—	7	14	27	—	59	86
	12	19	13	—	39	52	4	—	14	18	5	—	20	25	2	—	13	15	24	—	86	110
	19	20	10	—	16	20	3	—	8	11	1	—	16	17	1	—	5	6	15	—	39	54
	26	21	9	—	41	50	7	—	14	21	5	—	21	26	1	—	12	13	22	—	88	110
June ...	2	22	9	—	30	39	7	—	14	21	10	—	18	28	5	—	10	15	31	—	72	103
	9	23	11	—	27	38	4	—	8	12	6	—	16	22	2	—	9	11	23	—	60	83
	16	24	10	—	25	35	4	—	12	16	6	—	13	19	1	—	7	8	21	—	57	78
	23	25	11	—	41	52	4	—	7	11	4	—	22	26	—	—	6	6	19	—	76	93
	30	26	5	—	28	33	1	—	7	8	5	—	23	28	11	—	8	19	22	—	66	88
2nd Quarter			128	—	371	499	55	—	144	199	68	—	240	308	42	—	112	154	93	—	867	1160
July ...	7	27	14	—	29	43	—	—	8	8	5	—	18	23	2	—	11	13	21	—	66	87
	14	28	5	—	27	32	3	—	8	11	1	—	21	22	—	—	6	6	9	—	62	71
	21	29	5	—	30	35	3	—	15	18	9	—	24	33	1	—	10	11	18	—	79	97
	28	30	6	—	28	34	6	—	8	14	9	—	22	31	3	—	11	14	24	—	69	93
August ...	4	31	17	—	33	50	6	—	10	16	2	—	23	25	1	—	6	7	26	—	72	98
	11	32	2	—	17	19	2	—	10	12	3	—	18	21	1	—	8	9	8	—	53	61
	18	33	4	—	38	42	3	—	14	17	3	—	32	35	1	—	7	8	11	—	91	102
	25	34	1	—	19	20	6	—	9	15	7	—	19	26	8	—	15	23	22	—	62	84
September	1	35	6	—	38	44	3	—	12	15	5	—	36	41	1	—	4	5	15	—	90	105
	8	36	10	—	29	39	1	—	9	10	4	—	21	25	—	—	6	6	15	—	65	80
	15	37	4	—	35	39	4	—	10	14	7	—	27	34	1	—	4	5	16	—	76	92
	22	38	1	—	27	28	3	—	10	13	7	—	26	33	12	—	3	15	23	—	66	89
	29	39	14	—	36	50	6	—	8	14	6	—	33	39	—	—	3	3	26	—	80	106
3rd Quarter			89	—	386	475	46	—	131	177	68	—	320	388	31	—	94	125	234	—	931	1165
October ...	6	40	6	—	25	31	2	—	9	11	4	—	21	25	1	—	2	3	13	—	57	70
	13	41	15	—	22	37	1	—	8	9	8	—	30	38	3	—	5	8	27	—	65	92
	20	42	7	—	21	28	7	—	12	19	2	—	20	22	13	—	6	19	29	—	59	88
	27	43	4	—	23	27	8	—	9	17	6	—	25	31	1	—	7	8	19	—	64	83
November ...	3	44	10	—	20	30	2	—	8	10	5	—	21	26	—	—	4	4	17	—	53	70
	10	45	11	—	17	28	9	—	11	20	6	—	26	32	1	—	4	5	27	—	58	85
	17	46	1	—	16	17	5	—	15	20	12	—	23	35	11	—	12	23	29	—	66	95
	24	47	6	—	25	31	2	—	15	17	8	—	22	30	—	—	6	6	16	—	68	84
December ...	1	48	13	—	19	32	2	—	13	15	3	—	23	26	2	—	3	5	20	—	58	78
	8	49	9	—	11	20	5	—	8	13	7	—	27	34	1	—	7	8	22	—	53	75
	15	50	4	—	11	15	5	—	21	26	7	—	19	26	10	—	12	22	26	—	63	89
	22	51	10	—	25	35	4	—	15	19	8	—	22	30	—	—	7	7	22	—	69	91
	29	52	5	—	7	12	—	—	—	—	2	—	3	5	—	—	2	2	7	—	12	19
	31	53	1	—	13	14	—	—	—	—	—	—	—	—	—	—	1	—	13	—	13	14
4th Quarter			102	—	255	357	52	—	144	196	78	—	282	360	43	—	77	120	275	—	758	1033
Total Whole Year			444	62	1296	1802	222	34	560	816	266	40	1018	1324	153	10	331	494	1085	146	3205	4436

POST-NATAL

Week Ending			ELM ST. New Cases	ELM ST. 1st V., 1951	ELM ST. Re-visits	ELM ST. Total	GAINSBOROUGH New Cases	GAINSBOROUGH 1st V., 1951	GAINSBOROUGH Re-visits	GAINSBOROUGH Total	WHITTON New Cases	WHITTON 1st V., 1951	WHITTON Re-visits	WHITTON Total	ALLINGTON HOUSE. New Cases	ALLINGTON HOUSE. 1st V., 1951	ALLINGTON HOUSE. Re-visits	ALLINGTON HOUSE. Total	TOTAL. New Cases	TOTAL. 1st V., 1951	TOTAL. Re-visits	TOTAL. Total
January ...	6	1	1	2	—	3	2	1	—	3	1	1	—	2	—	—	—	—	4	4	—	8
	13	2	3	—	—	3	2	—	—	2	1	1	—	2	1	—	—	1	7	1	—	8
	20	3	3	—	—	3	5	—	1	—	1	1	—	1	1	—	—	1	4	1	3	8
	27	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February ...	3	5	3	—	—	3	2	—	1	3	1	—	—	1	—	—	—	—	6	—	1	7
	10	6	1	—	1	2	1	—	2	3	2	—	—	2	1	—	—	1	5	—	3	8
	17	7	—	—	1	1	—	—	—	—	4	—	1	5	1	—	—	1	5	—	2	7
	24	8	1	—	—	1	1	—	1	2	2	—	—	2	1	—	—	1	5	—	1	6
March ...	3	9	—	—	3	3	2	—	—	2	—	—	1	1	1	—	—	1	3	—	4	7
	10	10	—	—	1	1	2	—	2	4	—	—	—	—	—	—	—	—	2	—	3	5
	17	11	3	—	—	3	—	—	—	—	4	—	1	5	—	—	1	1	7	—	2	9
	24	12	1	—	—	1	1	—	1	2	5	—	—	5	—	—	—	—	7	—	1	8
	31	13	—	—	1	1	2	—	—	2	—	—	1	1	1	—	—	1	4	—	1	5
1st Quarter			15	2	6	23	17	1	10	28	20	3	4	27	7	—	1	8	59	6	21	86
April ...	7	14	3	—	2	5	1	—	1	2	2	—	3	5	1	—	—	1	7	—	6	13
	14	15	3	—	1	4	2	—	1	3	3	—	4	7	—	—	—	—	8	—	6	14
	21	16	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2	2
	28	17	3	—	1	4	1	—	—	1	1	—	—	1	—	—	—	—	5	—	1	6
May ...	5	18	2	—	1	3	—	—	1	1	2	—	4	6	1	—	—	1	5	—	6	11
	12	19	2	—	2	4	3	—	1	4	3	—	—	3	1	—	—	1	9	—	3	12
	19	20	1	—	3	4	1	—	—	1	—	—	1	1	—	—	—	—	2	—	4	6
	26	21	1	—	—	1	1	—	—	1	1	—	2	3	—	—	—	—	3	—	2	5
June ...	2	22	1	—	—	1	—	—	1	1	—	—	1	1	2	—	—	2	3	—	2	5
	9	23	—	—	—	—	1	—	—	1	1	—	—	1	1	—	—	1	3	—	—	3
	16	24	3	—	2	5	2	—	—	2	2	—	—	2	—	—	—	—	7	—	2	9
	23	25	1	—	—	1	—	—	2	2	5	—	1	6	2	—	—	2	8	—	3	11
	30	26	—	—	1	1	—	—	—	—	—	—	1	1	1	—	—	1	1	—	2	3
2nd Quarter			20	—	12	32	12	—	7	19	20	—	18	38	9	—	—	9	61	—	37	98
July ...	7	27	2	—	1	3	2	—	—	2	1	—	4	5	1	—	—	1	6	—	5	11
	14	28	—	—	2	2	2	—	1	3	1	—	1	2	—	—	—	—	3	—	4	7
	21	29	—	—	—	—	—	—	—	—	2	—	2	4	—	—	1	1	2	—	3	5
	28	30	—	—	1	1	—	—	1	2	—	—	1	3	—	—	—	—	2	—	3	5
August ...	4	31	2	—	—	2	—	—	1	1	—	—	—	—	1	—	2	3	3	—	2	5
	11	32	2	—	—	2	—	—	—	—	2	—	—	2	—	—	—	—	2	—	6	8
	18	33	—	—	2	2	1	—	—	1	2	—	1	3	1	—	—	1	2	—	6	8
	25	34	—	—	2	2	2	—	—	2	—	—	—	—	1	—	—	1	3	—	2	5
September	1	35	4	—	1	5	—	—	—	—	1	—	1	2	—	—	—	1	5	—	3	8
	8	36	2	—	—	2	1	—	1	2	3	—	—	3	—	—	1	1	6	—	2	8
	15	37	—	—	3	3	2	—	—	2	1	—	1	2	—	—	2	2	3	—	0	9
	22	38	1	—	2	3	—	—	—	—	2	—	1	3	—	—	—	—	3	—	3	6
	29	39	1	—	2	3	—	—	—	—	1	2	—	3	—	—	1	1	3	—	4	7
3rd Quarter			15	—	14	29	11	—	4	15	19	—	13	32	6	—	8	14	51	—	39	90
October ...	6	40	—	—	—	—	—	—	1	1	2	—	1	3	2	—	3	5	4	—	5	9
	13	41	1	—	2	3	—	—	1	1	3	—	2	5	—	—	3	3	4	—	8	12
	20	42	4	—	1	5	—	—	—	—	2	—	—	2	1	—	—	1	7	—	1	8
	27	43	1	—	1	2	—	—	1	1	4	—	2	6	—	—	—	—	5	—	4	9
November ...	3	44	1	—	—	1	—	—	1	1	3	—	3	6	—	—	—	—	4	1	3	8
	10	45	2	—	3	5	—	—	—	—	2	—	2	4	—	—	1	1	4	—	6	10
	17	46	—	—	—	—	—	—	—	—	1	—	1	2	—	—	—	—	1	—	1	2
	24	47	—	—	2	2	—	—	—	—	1	—	—	1	—	—	—	—	1	—	2	3
December ...	1	48	4	—	—	4	2	—	—	2	3	—	—	3	1	—	—	1	10	—	—	10
	8	49	1	—	—	1	1	—	—	1	2	—	1	3	—	—	1	1	4	—	2	6
	15	50	—	—	1	1	—	—	1	1	2	—	2	4	1	—	—	1	5	—	2	7
	22	51	2	—	1	3	—	—	—	—	1	—	1	2	—	—	—	—	3	—	2	5
	29	52	—	—	—	—	—	—	—	—	2	—	—	2	—	—	1	1	2	—	1	3
	31	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
4th Quarter			11	2	4	17	4	1	4	9	28	—	14	42	5	—	9	14	54	1	38	93
Total Whole Year			67	2	43	112	44	2	25	71	87	3	49	139	27	—	18	45	225	7	135	367

TOTAL

Week Ending			ELM ST. New Cases	ELM ST. 1st V., 1951	ELM ST. Re-visits	ELM ST. Total	GAINSBOROUGH New Cases	GAINSBOROUGH 1st V., 1951	GAINSBOROUGH Re-visits	GAINSBOROUGH Total	WHITTON New Cases	WHITTON 1st V., 1951	WHITTON Re-visits	WHITTON Total	ALLINGTON HOUSE New Cases	ALLINGTON HOUSE 1st V., 1951	ALLINGTON HOUSE Re-visits	ALLINGTON HOUSE Total	TOTAL New Cases	TOTAL 1st V., 1951	TOTAL Re-visits	TOTAL Total
January ...	6	1	7	32	—	39	6	21	—	27	4	17	—	21	4	—	—	4	21	70	—	91
	13	2	7	7	11	25	3	12	3	18	5	11	4	20	3	5	—	8	18	35	18	71
	20	3	6	13	19	38	6	2	14	22	6	9	13	28	2	2	2	6	20	26	48	94
	27	4	8	8	15	31	7	—	10	17	6	5	13	24	3	3	2	8	24	16	40	80
February ...	3	5	9	2	28	39	4	—	16	20	4	1	16	21	2	—	2	4	19	3	62	84
	10	6	13	1	28	42	4	—	15	19	5	—	16	21	6	—	6	12	28	1	65	94
	17	7	12	—	28	40	8	—	13	21	9	—	22	31	3	—	5	8	32	—	68	100
	24	8	13	—	20	33	11	—	11	22	7	—	17	24	4	—	4	8	35	—	52	87
March ...	3	9	14	1	31	46	5	—	13	18	1	—	13	14	6	—	6	12	26	1	63	90
	10	10	5	—	30	35	11	—	17	28	7	—	17	24	3	—	4	7	26	—	68	94
	17	11	22	—	31	53	9	—	13	22	9	—	18	27	1	—	5	6	41	—	67	108
	24	12	8	—	19	27	6	—	17	23	7	—	18	25	2	—	5	7	23	—	59	82
	31	13	16	—	30	46	6	—	9	15	2	—	13	15	5	—	8	13	29	—	60	89
1st Quarter			140	64	290	494	86	35	151	272	72	43	180	295	44	10	49	103	342	152	670	1164
April ...	7	14	11	—	30	41	4	—	9	13	11	—	26	37	12	—	5	17	38	—	70	108
	14	15	19	—	30	49	6	—	17	23	11	—	26	37	—	—	12	12	36	—	85	121
	21	16	13	—	22	35	2	—	10	12	1	—	15	16	—	—	8	8	16	—	55	71
	28	17	10	—	30	40	5	—	15	20	3	—	14	17	1	—	10	11	19	—	69	88
May ...	5	18	8	—	24	32	8	—	12	20	8	—	22	30	8	—	7	15	32	—	65	97
	12	19	15	—	41	56	7	—	15	22	8	—	20	28	3	—	13	16	33	—	89	122
	19	20	11	—	13	24	4	—	8	12	1	—	17	18	1	—	5	6	17	—	43	60
	26	21	10	—	41	51	8	—	14	22	6	—	23	29	1	—	12	13	25	—	90	115
June ...	2	22	10	—	30	40	7	—	15	22	10	—	19	29	7	—	10	17	34	—	74	108
	9	23	11	—	27	38	5	—	8	13	7	—	16	23	3	—	9	12	26	—	60	86
	16	24	13	—	25	38	6	—	12	18	8	—	13	21	1	—	7	8	28	—	57	85
	23	25	12	—	41	53	4	—	9	13	9	—	23	32	2	—	6	8	27	—	79	106
	30	26	5	—	29	34	1	—	7	8	5	—	24	29	12	—	8	20	23	—	68	91
2nd Quarter			148	—	383	531	67	—	151	218	88	—	258	346	51	—	112	163	354	—	904	1258
July ...	7	27	16	—	30	46	2	—	8	10	6	—	22	28	3	—	11	14	27	—	71	98
	14	28	5	—	29	34	5	—	9	14	2	—	22	24	—	—	6	6	12	—	66	78
	21	29	5	—	30	35	3	—	15	18	11	—	26	37	1	—	11	12	20	—	82	102
	28	30	6	—	29	35	6	—	9	15	11	—	23	34	3	—	11	14	26	—	72	98
August ...	4	31	19	—	33	52	6	—	11	17	2	—	23	25	2	—	7	9	29	—	74	103
	11	32	4	—	17	21	2	—	10	12	5	—	18	23	3	—	8	11	14	—	53	67
	18	33	6	—	38	44	4	—	14	18	5	—	33	38	2	—	8	10	17	—	93	110
	25	34	3	—	21	24	8	—	9	17	7	—	19	26	9	—	15	24	25	—	64	89
September	1	35	10	—	39	49	3	—	12	15	6	—	37	43	1	—	5	6	20	—	93	113
	8	36	12	—	29	41	2	—	10	12	7	—	21	28	—	—	7	7	21	—	67	88
	15	37	2	—	38	42	6	—	10	16	8	—	28	36	1	—	6	7	19	—	82	101
	22	38	4	—	38	42	6	—	10	16	8	—	28	36	1	—	6	7	19	—	82	101
	29	39	2	—	29	31	3	—	10	13	9	—	27	36	12	—	3	15	26	—	69	95
3rd Quarter			104	—	400	504	57	—	135	192	87	—	333	420	37	—	102	139	285	—	970	1255
October ...	6	40	6	—	25	31	2	—	10	12	6	—	22	28	3	—	5	8	17	—	62	79
	13	41	16	—	24	40	1	—	9	10	11	—	32	43	3	—	8	11	31	—	73	104
	20	42	11	—	22	33	7	—	12	19	4	—	20	24	14	—	6	20	36	—	60	96
	27	43	11	—	22	33	7	—	12	19	4	—	20	24	14	—	6	20	36	—	60	96
November ...	3	44	5	—	24	29	8	—	10	18	10	—	27	37	1	—	7	8	24	—	68	92
	10	45	13	—	20	33	9	—	11	20	8	—	28	36	1	—	5	6	31	—	64	95
	17	46	5	—	15	20	13	—	24	37	11	—	12	23	30	—	67	97				
	24	47	6	—	27	33	2	—	15	17	9	—	22	31	—	—	6	6	17	—	70	87
December ...	1	48	10	—	19	36	4	—	13	17	6	—	23	29	3	—	3	6	30	—	58	88
	8	49	11	—	21	32	6	—	8	14	9	—	28	37	1	—	8	9	26	—	55	81
	15	50	12	—	23	35	7	—	12	19	9	—	20	29	11	—	7	18	31	—	65	96
	22	51	12	—	26	38	4	—	15	19	9	—	23	32	—	—	7	7	25	—	71	96
	29	52	5	—	7	12	—	—	—	—	4	—	3	7	—	—	3	3	9	—	13	22
	31	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	14	15
4th Quarter			119	—	266	385	56	1	148	205	106	—	296	402	48	—	86	134	329	1	796	1126
Total Whole Year			511	64	1339	1914	266	36	585	887	353	43	1067	1463	180	10	349	539	1310	153	3340	4803

Maidenhall Clinic — opened 6th November, 1951 — not included in above Tables.

CASES SEEN BY MEDICAL OFFICER, 1951

ELM STREET.

Week Ending.			— 1 New Cases	— 1 1st V., 1951	— 1 Re-visits	— 1 Total	— 2 New Cases	— 2 1st V., 1951	— 2 Re-visits	— 2 Total	— 3 New Cases	— 3 1st V., 1951	— 3 Re-visits	— 3 Total	— 4 New Cases	— 4 1st V., 1951	— 4 Re-visits	— 4 Total	— 5 New Cases	— 5 1st V., 1951	— 5 Re-visits	— 5 Total	Total. New Cases	Total. 1st V., 1951	Total. Re-visits	Total. Total
January ...	6	1	4	12	—	16	—	8	—	8	—	4	—	4	—	1	—	1	—	3	—	3	4	28	—	32
	13	2	13	20	—	33	3	7	—	10	—	6	—	6	1	5	—	6	—	3	1	4	17	41	1	59
	20	3	4	5	7	16	—	7	1	8	1	4	1	6	—	4	1	5	—	2	—	2	5	22	10	37
	27	4	2	8	8	18	1	3	1	5	—	—	1	1	—	7	—	7	—	—	1	1	3	18	11	32
February ...	3	5	5	2	7	14	—	3	2	5	—	2	1	3	1	3	2	6	—	2	—	2	6	12	12	30
	10	6	9	10	8	27	1	7	6	14	—	4	3	7	—	4	6	10	—	—	2	2	10	25	25	60
	17	7	4	6	8	18	1	5	4	10	—	2	—	2	1	4	2	7	1	1	2	4	7	18	16	41
	24	8	8	5	12	25	—	4	2	6	—	1	—	1	—	1	1	2	—	3	3	6	8	14	18	40
March ...	3	9	2	7	15	24	1	2	4	7	—	3	3	6	—	1	—	1	—	3	2	5	3	16	24	43
	10	10	9	7	12	28	3	3	5	11	—	2	1	3	1	4	3	8	1	—	2	3	14	16	23	53
	17	11	7	5	7	19	—	2	2	4	—	3	—	3	—	2	5	7	—	—	2	2	7	12	16	35
	24	12	9	6	10	25	—	1	9	10	—	2	—	2	—	—	2	2	1	2	3	6	10	11	24	45
	31	13	5	2	5	12	—	1	5	6	—	—	1	1	—	—	2	2	1	1	1	3	6	4	14	24
1st Quarter			81	95	99	275	10	53	41	104	1	33	11	45	4	36	24	64	4	20	19	43	100	237	194	531
April ...	7	14	6	5	21	32	—	3	5	8	1	1	1	3	—	1	4	5	1	1	2	4	8	11	33	52
	14	15	9	2	9	20	—	2	5	7	—	4	3	7	1	1	4	6	1	—	1	2	11	9	22	42
	21	16	10	2	22	34	2	7	4	13	—	4	1	5	—	2	3	5	—	1	3	4	12	16	33	61
	28	17	13	1	14	28	—	1	3	4	1	3	3	7	—	2	3	5	—	—	4	4	14	7	27	48
May ...	5	18	6	2	9	17	—	5	4	9	1	1	3	5	2	1	2	5	—	1	2	3	9	10	20	39
	12	19	12	1	18	31	1	6	5	12	1	—	1	2	—	1	1	2	1	1	—	2	15	9	25	49
	19	20	6	1	7	14	—	2	5	7	1	1	3	5	—	—	—	—	—	—	3	3	7	4	18	29
	26	21	8	1	7	16	—	1	8	9	2	2	2	6	—	3	3	6	1	2	1	4	11	9	21	41
June ...	2	22	4	—	6	10	1	—	3	4	—	—	2	2	—	—	—	—	—	1	1	2	5	1	12	18
	9	23	8	1	17	26	—	1	9	10	1	3	7	11	—	5	6	11	1	—	7	8	10	10	46	66
	16	24	13	—	8	21	—	—	9	9	—	1	3	4	—	—	2	2	—	—	2	2	13	1	24	38
	23	25	5	—	10	15	1	4	9	14	—	—	2	2	1	—	2	3	2	1	3	6	9	5	26	40
	30	26	3	1	13	17	1	—	5	6	—	1	3	4	1	2	2	5	1	—	1	2	6	4	24	34
2nd Quarter			103	17	161	281	6	32	74	112	8	21	34	63	5	18	32	55	8	8	30	46	130	96	331	557
July ...	7	27	8	1	9	18	1	—	9	10	—	—	1	1	1	—	3	4	—	—	—	—	10	1	22	33
	14	28	6	—	13	19	1	2	9	12	—	1	5	6	1	1	—	2	—	1	2	3	8	5	29	42
	21	29	9	2	7	18	1	1	4	6	1	2	2	5	—	3	1	4	—	—	—	—	11	8	14	33
	28	30	4	—	14	18	—	—	4	4	1	1	7	9	—	1	2	3	—	4	5	9	5	6	32	43
August ...	4	31	9	—	11	20	1	1	6	8	—	1	5	6	—	—	—	—	1	—	1	2	11	2	23	36
	11	32	6	1	4	11	1	1	3	5	2	—	—	2	—	2	1	3	—	—	1	1	9	4	9	22
	18	33	8	—	10	18	—	2	7	9	—	—	1	1	—	—	2	2	—	2	4	6	8	4	24	36
	25	34	13	—	8	21	—	1	3	4	—	1	1	2	—	—	2	2	1	—	1	2	14	2	15	31
September ...	1	35	10	—	17	27	—	1	5	6	1	2	5	8	1	1	3	5	—	2	1	3	12	6	31	49
	8	36	7	1	17	25	—	—	9	9	—	1	3	4	1	—	1	2	—	1	1	2	8	3	31	42
	15	37	2	1	12	15	—	1	10	11	—	2	2	4	—	1	3	4	—	—	2	2	2	5	29	36
	22	38	5	—	16	21	—	2	8	10	—	—	2	2	—	2	—	2	1	—	—	1	6	4	26	36
	29	39	4	—	10	14	1	1	2	4	1	1	4	6	1	—	2	3	—	—	—	—	7	2	18	27
	30																									
3rd Quarter			91	6	148	245	6	13	79	98	6	12	38	56	5	11	20	36	3	10	18	31	111	52	303	466
October ...	6	40	3	—	17	20	—	—	11	11	3	1	3	7	—	1	2	3	—	—	1	1	6	2	34	42
	13	41	7	—	16	23	1	—	9	10	1	—	1	2	—	1	3	4	1	1	2	4	10	2	31	43
	20	42	10	—	11	21	—	2	6	8	—	—	4	4	—	—	2	2	2	—	3	5	12	2	26	40
	27	43	5	—	12	17	—	—	3	3	1	2	2	5	—	—	—	—	—	—	1	1	6	2	18	26
November ...	3	44	4	—	12	16	—	1	2	3	—	1	6	7	—	1	—	1	—	2	1	3	4	5	21	30
	10	45	1	—	14	15	—	—	4	4	1	—	3	4	—	—	3	3	—	—	2	2	2	—	26	28
	17	46	5	—	9	14	—	—	5	5	1	—	2	3	—	—	2	2	—	—	1	1	6	—	19	25
	24	47	3	3	8	14	—	—	4	4	—	—	2	2	1	—	2	3	—	1	2	3	4	4	18	26
December ...	1	48	2	—	7	9	—	—	6	6	—	—	6	6	—	—	1	1	—	—	3	3	2	—	23	25
	8	49	4	—	9	13	—	—	4	4	—	—	3	3	—	—	1	1	—	—	—	—	4	—	17	21
	15	50	1	1	11	13	—	—	4	4	—	—	2	2	—	—	1	1	—	—	3	3	1	1	21	23
	22	51	2	—	14	16	—	—	6	6	—	—	2	2	—	—	—	—	—	—	—	—	2	—	22	24
	29	52	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	31	53	2	—	2	4	—	—	2	2	—	—	—	—	—	—	—	—	—	—	2	2	2	—	6	8
4th Quarter			49	4	143	196	1	3	66	70	7	4	36	47	1	3	17	21	3	4	21	28	61	18	283	262
Total—Whole Year			324	122	551	997	23	101	260	384	22	70	119	211	15	68	93	176	18	42	88	148	402	403	1111	1916

GAINSBOROUGH.

Week Ending.			— 1 New Cases	— 1 1st V., 1951	— 1 Re-visits	— 1 Total	— 2 New Cases	— 2 1st V., 1951	— 2 Re-visits	— 2 Total	— 3 New Cases	— 3 1st V., 1951	— 3 Re-visits	— 3 Total	— 4 New Cases	— 4 1st V., 1951	— 4 Re-visits	— 4 Total	— 5 New Cases	— 5 1st V., 1951	— 5 Re-visits	— 5 Total	Total. New Cases	Total. 1st V., 1951	Total. Re-visits	Total. Total
January ...	6	1	4	16	3	23	—	6	—	6	—	4	—	4	—	5	—	5	—	4	—	4	4	35	3	42
	13	2	9	13	9	31	2	7	1	10	—	7	—	7	—	3	—	3	—	1	1	2	11	31	11	53
	20	3	3	5	17	25	—	—	4	4	—	7	1	8	1	3	—	4	1	6	1	8	5	21	23	49
	27	4	1	7	20	28	—	6	5	11	—	4	6	10	—	3	1	4	—	3	2	5	1	23	34	58
February ...	3	5	3	3	17	23	—	3	7	10	—	3	2	5	—	3	1	4	—	1	2	3	3	13	29	45
	10	6	7	4	15	26	—	1	5	6	—	2	4	6	—	2	4	6	—	5	3	8	7	14	31	52
	17	7	5	1	9	15	—	—	5	5	1	3	3	7	—	2	2	4	—	2	1	3	6	8	20	34
	24	8	6	1	21	28	—	3	5	8	—	2	8	10	—	—	4	4	—	—	5	5	6	6	43	55
March ...	3	9	3	—	19	22	—	1	4	5	—	2	5	7	—	2	3	5	1	1	7	9	4	6	38	48
	10	10	6	—	8	14	—	—	4	4	—	—	3	3	—	1	—	1	—	—	2	2	6	1	17	24
	17	11	4	—	18	22	—	1	9	10	—	1	2	3	—	1	2	3	—	1	2	3	4	4	33	41
	24	12	4	—	14	18	—	1	3	4	—	2	4	6	—	1	1	2	—	—	3	3	4	4	25	33
	31	13	4	—	19	23	—	1	3	4		2	3	5	—	1	1	2	—	1	—	1	4	5	26	35
1st Quarter			59	50	189	298	2	30	55	87	1	39	41	81	1	27	19	47	2	25	29	56	65	171	333	569
April ...	7	14	5	—	16	21	—	—	9	9	—	1	7	8	—	3	1	4	—	1	3	4	5	5	36	46
	14	15	7	2	16	25	1	1	7	9	1	4	6	11	—	1	2	3	—	—	7	7	9	8	38	55
	21	16	3	1	20	24	—	3	4	7	—	3	2	5	—	—	2	2	—	—	2	2	3	7	30	40
	28	17	4	—	20	24	—	2	5	7	—	2	5	7	—	—	1	1	—	2	3	5	4	6	34	44
May ...	5	18	5	—	14	19	—	1	6	7	—	—	1	1	—	1	3	4	—	1	4	5	5	3	28	36
	12	19	9	—	19	28	—	—	6	6	1	—	5	6	—	—	3	3	—	1	3	4	10	1	36	47
	19	20	1	—	22	23	1	1	4	6	—	1	—	1	—	—	3	3	—	1	3	4	2	3	32	37
	26	21	3	—	20	23	—	2	1	3	—	1	2	3	1	4	3	8	1	2	6	9	5	9	32	46
June ...	2	22	2	—	28	30	—	2	3	5	—	1	3	4	—	1	4	5	—	2	4	6	2	6	42	50
	9	23	3	—	22	25	—	2	3	5	1	2	7	10	—	2	6	8	—	—	3	3	4	6	41	51
	16	24	5	—	14	19	—	—	4	4	1	1	4	6	1	1	5	7	—	3	—	3	7	5	27	39
	23	25	4	—	18	22	1	—	6	7	—	—	4	4	1	2	4	7	—	—	6	6	6	2	38	46
	30	26	4	—	19	23	1	—	4	5	1	—	1	2	1	2	4	7	—	2	1	3	7	4	29	40
2nd Quarter			55	3	248	306	4	14	62	80	5	16	47	68	4	17	41	62	1	15	45	61	69	65	443	577
July ...	7	27	5	—	20	23	—	—	4	4	—	1	3	4	—	1	3	4	—	—	7	7	3	2	37	42
	14	28	8	—	15	23	—	—	9	9	1	3	4	8	—	—	3	3	—	—	—	—	9	3	31	43
	21	29	2	—	18	20	—	—	6	6	1	—	5	6	—	—	—	—	—	1	1	2	3	1	30	34
	28	30	1	—	17	18	1	—	5	6	—	5	1	6	—	—	—	—	—	—	—	—	2	5	23	30
August ...	4	31	2	—	19	21	—	—	11	11	—	1	—	1	—	—	—	—	—	1	3	4	2	2	33	37
	11	32	1	—	12	13	—	1	3	4	—	1	1	2	—	2	3	5	—	2	—	2	1	6	19	26
	18	33	3	—	21	24	1	—	6	7	—	2	3	5	—	—	3	3	—	—	—	—	4	2	33	39
	25	34	3	—	19	22	—	—	3	3	2	1	6	9	1	1	5	7	—	1	2	3	6	3	35	44
September ...	1	35	1	—	17	18	1	—	5	6	—	—	8	8	2	1	2	5	—	2	—	2	4	3	32	39
	8	36	4	—	15	19	1	—	7	8	—	2	5	7	—	2	2	4	—	2	5	7	5	6	34	45
	15	37	5	—	19	24	—	—	7	7	—	1	1	2	1	—	3	4	—	—	3	3	6	1	33	40
	22	38	1	—	19	20	1	—	9	10	1	2	12	15	—	—	2	2	1	1	5	7	4	3	47	54
	29	39	4	—	22	26	2	—	10	12	2	—	6	8	—	—	3	3	—	—	2	2	8	—	43	51
	30																									
3rd Quarter			38	—	233	271	7	1	85	93	7	19	55	81	4	7	29	40	1	10	28	39	57	37	430	524
October ...	6	40	3	—	15	18	—	1	13	14	1	1	5	7	—	1	7	8	—	—	2	2	4	3	42	49
	13	41	2	—	17	19	—	—	10	10	—	—	6	6	—	—	5	5	—	1	1	2	2	1	39	42
	20	42	2	—	18	20	—	—	7	7	—	—	9	9	—	4	4	8	—	—	2	2	2	4	40	46
	27	43	3	—	23	26	—	—	4	4	—	1	3	4	—	2	9	11	—	—	—	—	3	3	39	45
November ...	3	44	4	—	14	18	—	—	5	5	1	—	3	4	1	2	3	6	—	2	3	5	6	4	28	38
	10	45	—	—	19	19	—	1	5	6	—	2	7	9	—	2	6	8	—	1	3	4	—	6	40	46
	17	46	4	—	17	21	—	—	14	14	—	—	6	6	—	—	2	2	—	1	3	4	4	1	42	47
	24	47	1	—	14	15	—	1	14	15	—	1	12	13	—	—	4	4	—	—	1	1	1	2	45	48
December ...	1	48	4	—	15	19	—	—	7	7	—	—	7	7	—	—	2	2	—	—	3	3	4	—	34	38
	8	49	1	—	12	13	1	—	4	5	2	—	7	9	—	—	—	—	—	—	—	—	4	—	23	27
	15	50	1	—	8	9	2	1	8	11	—	1	6	7	—	—	—	—	—	2	1	3	3	4	23	30
	22	51	2	—	7	9	—	—	6	6	—	1	5	6	—	—	2	2	—	1	1	2	2	2	21	25
	29	52	1	—	6	7	—	—	4	4	—	1	—	1	—	—	—	—	—	—	—	—	1	1	10	12
	31	53	1	—	3	4	—	—	3	3	—	—	3	3	—	—	1	1	—	—	—	—	1	—	10	11
4th Quarter			29	—	188	217	3	4	104	111	4	8	79	91	1	11	45	57	—	8	20	28	37	31	436	504
Total—Whole Year			181	53	858	1092	16	49	306	371	17	82	222	321	10	62	134	206	4	58	122	184	228	304	1642	2174

WHITTON.

Week Ending.			— 1 New Cases	— 1 1st V., 1951	— 1 Re-visits	— 1 Total	— 2 New Cases	— 2 1st V., 1951	— 2 Re-visits	— 2 Total	— 3 New Cases	— 3 1st V., 1951	— 3 Re-visits	— 3 Total	— 4 New Cases	— 4 1st V., 1951	— 4 Re-visits	— 4 Total	— 5 New Cases	— 5 1st V., 1951	— 5 Re-visits	— 5 Total	Total. New Cases	Total. 1st V., 1951	Total. Re-visits	Total. Total
January ...	6	1	2	7	—	9	—	2	—	2	—	1	—	1	—	1	—	1	—	—	—	—	2	11	—	13
	13	2	2	7	3	12	—	2	—	2	—	1	—	1	—	2	—	2	—	3	—	3	2	15	3	20
	20	3	2	2	2	6	—	3	—	3	1	1	—	2	—	2	—	2	—	4	—	4	3	12	2	17
	27	4	1	4	2	7	1	1	—	2	—	2	—	2	—	3	1	4	—	3	—	3	2	13	3	18
February ...	3	5	2	3	4	9	—	2	—	2	—	2	3	5	—	2	1	3	—	1	—	1	2	10	8	20
	10	6	6	1	4	11	—	2	—	2	—	—	—	—	—	—	—	—	—	—	1	1	6	3	5	14
	17	7	6	—	6	12	—	1	—	1	2	—	—	2	—	—	—	—	—	—	1	1	8	1	7	16
	24	8	6	2	5	13	1	3	1	5	—	—	—	—	2	1	—	3	—	—	—	—	9	6	6	21
March ...	3	9	4	1	7	12	—	2	—	2	2	2	2	6	1	—	—	1	—	—	—	—	7	5	9	21
	10	10	2	—	3	5	—	2	—	2	—	1	—	1	—	1	—	1	—	—	1	1	2	4	4	10
	17	11	8	1	9	18	1	3	2	6	1	—	—	1	—	1	1	2	—	—	3	3	10	5	15	30
	24	12	3	—	7	10	—	2	1	3	—	—	—	—	1	1	—	2	—	—	—	—	4	3	8	15
	31	13	6	2	4	12	—	—	1	1	—	—	—	—	—	—	2	2	—	—	—	—	6	2	7	15
1st Quarter			50	30	56	136	3	25	5	33	6	10	5	21	4	14	5	23	—	11	6	17	63	90	77	230
April ...	7	14	3	—	7	10	—	2	—	2	1	1	—	2	—	3	—	3	—	—	—	—	4	6	7	17
	14	15	6	—	8	14	—	3	1	4	—	—	2	2	—	—	1	1	—	—	—	—	6	3	12	21
	21	16	5	—	9	14	—	2	1	3	—	—	—	—	—	1	2	3	—	1	2	3	5	4	14	23
	28	17	7	—	5	12	3	—	1	4	—	1	—	1	1	2	1	4	—	—	—	—	11	3	7	21
May ...	5	18	7	—	4	11	1	2	2	5	—	1	1	2	—	—	1	1	—	1	—	1	8	4	8	20
	12	19	6	2	8	16	1	2	—	3	—	1	—	1	—	1	1	2	—	—	1	1	7	6	10	23
	19	20	2	1	5	8	1	1	2	4	—	—	—	—	—	1	1	2	—	—	—	—	3	3	8	14
	26	21	4	—	7	11	—	—	3	3	—	1	2	3	—	—	—	—	—	—	—	—	4	1	12	17
June ...	2	22	3	—	5	8	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	3	2	5	10
	9	23	5	—	4	9	—	3	1	4	—	2	1	3	—	1	—	1	1	1	1	3	6	7	7	20
	16	24	4	1	8	13	—	2	—	2	1	3	—	4	—	2	2	4	—	—	2	2	5	8	12	25
	23	25	6	1	10	17	2	2	1	5	—	—	2	2	1	—	—	1	—	—	—	—	9	3	13	25
	30	26	2	1	4	7	1	3	—	4	1	1	—	2	—	—	—	—	1	—	—	1	5	5	4	14
2nd Quarter			60	6	84	150	9	22	12	43	3	13	8	24	2	11	9	22	2	3	6	11	76	55	119	250
July ...	7	27	7	—	5	12	—	1	2	3	—	1	—	1	—	—	1	1	—	1	1	2	7	3	9	19
	14	28	5	—	7	12	—	1	4	5	—	1	2	3	—	—	—	—	—	—	—	—	5	2	13	20
	21	29	5	—	15	20	1	—	2	3	—	3	1	4	—	—	—	—	—	1	1	2	6	4	19	29
	28	30	4	—	10	14	—	2	3	5	1	1	1	3	—	—	1	1	1	—	—	1	6	3	15	24
August ...	4	31	—	—	2	2	—	1	2	3	1	—	1	2	1	1	—	2	—	—	—	—	2	2	5	9
	11	32	5	1	4	10	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	5	1	5	11
	18	33	3	1	1	5	1	—	3	4	—	—	—	—	1	—	—	1	1	1	—	2	6	2	4	12
	25	34	4	—	6	10	1	—	6	7	—	—	—	—	2	—	2	4	1	1	—	2	8	1	14	23
September ...	1	35	2	—	2	4	—	1	1	2	—	—	1	1	—	—	1	1	—	1	—	1	2	2	5	9
	8	36	7	—	8	15	—	—	5	5	1	3	2	6	—	—	1	1	—	1	1	2	8	4	17	29
	15	37	4	—	8	12	—	—	2	2	—	1	1	2	—	—	2	2	—	1	—	1	4	2	13	19
	22	38	6	—	9	15	—	2	4	6	—	1	3	4	2	—	—	2	—	—	1	1	8	3	17	28
	29	39	2	—	8	10	—	1	3	4	—	—	4	4	1	—	3	4	1	1	—	2	4	2	18	24
	30																									
3rd Quarter			54	2	85	141	3	9	38	50	3	11	16	30	7	1	11	19	4	8	4	16	71	31	154	256
October ...	6	40	3	1	7	11	—	—	5	5	1	1	—	2	—	1	—	1	—	2	1	3	4	5	13	22
	13	41	7	—	7	14	—	—	2	2	—	1	2	3	—	—	—	—	—	—	—	—	7	1	11	19
	20	42	4	—	11	15	—	—	1	1	1	—	—	1	—	—	—	—	1	—	—	1	6	—	12	18
	27	43	7	—	7	14	1	—	3	4	—	—	3	3	—	—	2	2	—	—	1	1	8	—	16	24
November ...	3	44	3	—	3	6	1	1	2	4	—	1	—	1	1	—	—	1	—	—	—	—	5	2	5	12
	10	45	1	1	8	10	—	—	1	1	—	—	1	1	—	—	1	1	—	—	1	1	1	1	12	14
	17	46	5	—	9	14	—	—	—	—	—	—	1	1	1	—	2	3	—	—	1	1	6	—	13	19
	24	47	—	—	4	4	—	—	2	2	—	—	3	3	—	—	—	—	—	—	—	—	—	—	9	9
December ...	1	48	2	1	5	8	1	—	5	6	—	—	3	3	1	—	—	1	—	—	—	—	4	1	13	18
	8	49	2	2	3	7	—	2	1	3	1	—	1	2	—	1	1	2	—	—	—	—	3	5	6	14
	15	50	—	—	3	3	—	—	2	2	—	—	2	2	—	—	2	2	—	—	1	1	—	—	10	10
	22	51	3	—	5	8	1	—	2	3	—	—	2	2	—	—	—	—	—	—	—	—	4	—	9	13
	29	52	8	—	6	14	—	—	—	—	1	—	—	1	—	—	2	2	—	—	—	—	9	—	8	17
	31	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4th Quarter			45	5	78	128	4	3	26	33	4	3	18	25	3	2	10	15	1	2	5	8	57	15	137	209
Total—Whole Year			209	43	303	555	19	59	81	159	16	37	47	100	16	28	35	79	7	24	21	52	267	191	487	945

ALLINGTON HOUSE.

Week Ending.			— 1 New Cases	— 1 1st V., 1951	— 1 Re-visits	— 1 Total	— 2 New Cases	— 2 1st V., 1951	— 2 Re-visits	— 2 Total	— 3 New Cases	— 3 1st V., 1951	— 3 Re-visits	— 3 Total	— 4 New Cases	— 4 1st V., 1951	— 4 Re-visits	— 4 Total	— 5 New Cases	— 5 1st V., 1951	— 5 Re-visits	— 5 Total	Total New Cases	Total 1st V., 1951	Total Re-visits	Total Total
January ...	6	1	—	4	1	5	—	1	—	1	—	1	—	1	—	—	—	—	—	1	—	1	—	7	1	8
	13	2	2	6	3	11	2	4	1	7	4	2	—	6	4	1	—	5	—	2	—	2	12	15	4	31
	20	3	1	5	2	8	1	2	—	3	1	1	1	3	—	4	—	4	—	1	—	1	3	13	3	19
	27	4	3	1	1	5	—	2	2	4	—	—	1	1	—	2	—	2	2	1	—	3	5	6	4	15
February ...	3	5	3	4	2	9	1	1	1	3	—	3	—	3	—	1	—	1	—	—	2	2	4	9	5	18
	10	6	9	2	2	13	1	1	2	4	—	—	1	1	—	3	—	3	—	2	2	4	10	8	7	25
	17	7	5	3	4	12	2	2	3	7	1	1	1	3	—	2	1	3	1	—	—	1	9	8	9	26
	24	8	2	3	1	6	1	2	—	3	—	2	2	4	—	—	1	1	—	—	2	2	3	7	6	16
March ...	3	9	9	3	7	19	2	4	3	9	—	4	3	7	—	2	—	2	1	1	—	2	12	14	13	39
	10	10	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	17	11	5	—	6	11	3	—	5	8	—	3	—	3	—	2	—	2	—	3	—	3	8	8	11	27
	24	12	5	2	5	12	—	—	1	1	—	2	—	2	—	—	1	1	—	—	—	—	5	4	7	16
	31	13	1	2	7	10	1	1	2	4	—	2	1	3	—	—	—	—	—	2	—	2	2	7	10	19
1st Quarter			45	35	42	122	14	20	20	54	6	21	10	37	4	17	3	24	4	13	6	23	73	106	81	260
April ...	7	14	3	2	9	14	—	1	3	4	—	1	1	2	1	2	1	4	—	—	2	2	4	6	16	26
	14	15	3	1	5	9	—	3	3	6	—	—	2	2	1	—	1	2	—	2	1	3	4	6	12	22
	21	16	3	2	9	14	—	2	4	6	2	2	1	5	—	2	1	3	—	1	1	2	5	9	16	30
	28	17	3	2	8	13	1	1	2	4	—	1	2	3	—	1	1	2	1	—	2	3	5	5	15	25
May ...	5	18	2	2	6	10	—	2	3	5	—	2	6	8	—	2	1	3	—	1	1	2	2	9	17	28
	12	19	6	1	6	13	—	2	3	5	—	—	3	3	—	2	—	2	—	2	2	4	6	7	14	27
	19	20	1	—	2	3	3	3	2	8	1	2	2	5	—	—	—	—	—	1	2	3	5	6	8	19
	26	21	3	1	8	12	1	—	1	2	1	2	3	6	1	1	—	2	—	—	—	—	6	4	12	22
June ...	2	22	8	1	7	16	1	2	5	8	—	—	3	3	1	2	1	4	—	1	2	3	10	6	18	34
	9	23	4	—	12	16	—	1	6	7	2	—	7	9	1	1	—	2	—	2	2	4	7	4	27	38
	16	24	7	1	14	22	—	2	3	5	—	2	4	6	—	—	1	1	—	—	2	2	7	5	24	36
	23	25	6	1	11	18	2	1	5	8	—	—	1	1	—	1	2	3	—	—	2	2	8	3	21	32
	30	26	7	2	4	13	—	1	8	9	1	1	—	2	—	—	1	1	—	2	—	2	8	6	13	27
2nd Quarter			56	16	101	173	8	21	48	77	7	13	35	55	5	14	10	29	1	12	19	32	77	76	213	366
July ...	7	27	4	1	10	15	2	3	3	8	2	—	2	4	—	1	1	2	1	—	2	3	9	5	18	32
	14	28	9	—	14	23	—	1	3	4	1	2	2	5	—	2	4	6	—	—	1	1	10	5	24	39
	21	29	5	—	11	16	—	—	2	2	1	2	2	5	—	—	2	2	1	1	4	6	7	3	21	31
	28	30	1	—	11	12	1	1	4	6	1	1	3	5	—	1	—	1	—	2	—	2	3	5	18	26
August ...	4	31	10	—	11	21	—	1	—	1	2	—	3	5	1	1	1	3	1	—	2	3	14	2	17	33
	11	32	3	—	10	13	1	—	4	5	—	1	3	4	—	—	3	3	—	1	1	2	4	2	21	27
	18	33	2	—	5	7	1	—	2	3	—	—	2	2	—	3	2	5	—	1	2	3	3	4	13	20
	25	34	5	—	7	12	—	—	1	1	1	—	5	6	—	—	1	1	—	2	1	3	6	2	15	23
September ...	1	35	—	—	10	10	—	—	3	3	—	—	5	5	—	—	1	1	—	—	3	3	—	—	22	22
	8	36	3	—	9	12	1	1	6	8	—	1	1	2	—	—	2	2	—	1	1	2	4	3	19	26
	15	37	6	—	8	14	—	—	6	6	—	—	1	1	—	—	2	2	—	1	1	2	6	1	18	25
	22	38	4	—	6	10	—	2	3	5	2	1	3	6	—	2	2	4	—	1	2	3	6	6	16	28
	29	39	3	—	8	11	1	1	2	4	—	1	1	2	—	—	3	3	1	1	1	3	5	3	15	23
	30																									
3rd Quarter			55	1	120	176	7	10	39	56	10	9	33	52	1	10	24	35	4	11	21	36	77	41	237	355
October ...	6	40	4	—	4	8	1	—	2	3	1	1	4	6	1	—	4	5	2	—	1	3	9	1	15	25
	13	41	4	—	13	17	2	2	7	11	1	1	6	8	—	1	1	2	—	1	3	4	7	5	30	42
	20	42	5	—	9	14	—	—	6	6	—	2	6	8	—	2	3	5	1	3	6	10	6	7	30	43
	27	43	4	—	20	24	—	1	2	3	—	1	2	3	—	2	1	3	—	1	1	2	4	5	26	35
November ...	3	44	5	—	13	18	—	—	2	2	—	—	2	2	2	1	1	4	1	2	2	5	8	3	20	31
	10	45	4	—	11	15	3	—	3	6	—	—	2	2	2	—	3	5	2	—	5	7	11	—	24	35
	17	46	—	1	10	11	—	—	5	5	—	1	8	9	—	—	3	3	1	—	7	8	1	2	33	36
	24	47	1	—	9	10	—	1	2	3	1	—	3	4	—	—	—	—	—	—	3	3	2	1	17	20
December ...	1	48	—	1	16	17	—	1	8	9	—	1	4	5	—	—	4	4	—	—	2	2	—	3	34	37
	8	49	2	1	11	14	—	1	8	9	—	—	2	2	—	—	2	2	—	—	3	3	2	2	26	30
	15	50	4	—	11	15	—	—	3	3	1	—	2	3	—	—	1	1	—	—	1	1	5	—	18	23
	22	51	1	—	16	17	—	—	3	3	1	1	7	9	—	—	—	—	—	—	2	2	2	1	28	31
	29	52	3	—	4	7	—	—	1	1	—	—	1	1	—	—	2	2	—	—	1	1	3	—	9	12
	31	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4th Quarter			37	3	147	187	6	6	52	64	5	8	49	62	5	6	25	36	7	7	37	51	60	30	310	400
Total—Whole Year			193	55	410	658	35	57	159	251	28	51	127	206	15	47	62	124	16	43	83	142	287	253	841	1381

TOTAL.

Week Ending.			New Cases	1st V., 1951	Re-visits	Total
January ...	6	1	10	81	4	95
	13	2	42	102	19	163
	20	3	16	68	38	122
	27	4	11	60	52	123
February ...	3	5	15	44	54	113
	10	6	33	50	68	151
	17	7	30	35	52	117
	24	8	26	33	73	132
March ...	3	9	26	41	84	151
	10	10	22	21	45	88
	17	11	29	29	75	133
	24	12	23	22	64	109
	31	13	18	18	57	93
1st Quarter			301	604	685	1590
April ...	7	14	21	28	92	141
	14	15	30	26	84	140
	21	16	25	36	93	154
	28	17	34	21	83	138
May ...	5	18	24	26	73	123
	12	19	38	23	85	146
	19	20	17	16	66	99
	26	21	26	23	77	126
June ...	2	22	20	15	77	112
	9	23	27	27	121	175
	16	24	32	19	87	138
	23	25	32	13	98	143
	30	26	26	19	70	115
2nd Quarter			352	292	1106	1750
July ...	7	27	29	11	86	126
	14	28	32	15	97	144
	21	29	27	16	84	127
	28	30	16	19	88	123
August ...	4	31	29	8	78	115
	11	32	19	13	54	86
	18	33	21	12	74	107
	25	34	34	8	79	121
September ...	1	35	18	11	90	119
	8	36	25	16	101	142
	15	37	18	9	93	120
	22	38	24	16	106	146
	29	39	24	7	94	125
	30					
3rd Quarter			316	161	1124	1601
October ...	6	40	23	11	104	138
	13	41	26	9	111	146
	20	42	26	13	108	147
	27	43	21	10	99	130
November ...	3	44	23	14	74	111
	10	45	13	7	103	123
	17	46	17	3	107	127
	24	47	7	7	89	103
December ...	1	48	10	4	104	118
	8	49	13	7	72	92
	15	50	10	5	71	86
	22	51	10	3	80	93
	29	52	13	1	28	42
	31	53	3	—	16	19
4th Quarter			215	94	1166	1475
Total—Whole Year			1184	1151	4081	6416

Maidenhall Clinic — opened 6th November, 1951 — not included in above tables.